

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90219 007 ***150.00

DOCUMENT # P99000038160

1. Entity Name

RIVERSIDE CENTRAL FLORIDA BANKING COMPANY

Principal Place of Business

**401 SOUTH SEMORAN BOULEVARD
 ORLANDO FL 32792**

Mailing Address

**P.O. BOX 1227
 FT. PIERCE FL 34954-1227**

C0019544

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0842870**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, VERNON D
 401 SOUTH SEMORAN BOULEVARD
 ORLANDO FL 32792**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SMITH, VERNON D**
 CITY-ST-ZIP **3150 NORTH A-1-A, 501-N
 FORT PIERCE FL 34949**

TITLE ☐ Change ☒ Addition
 NAME **EDDIE CREAMER**
 STREET ADDRESS **CREAMER, EDDIE**
 CITY-ST-ZIP **790 NORTH PONCE DE LEON BLVD
 ST AUGUSTINE FL 32084**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CHALIFOUX, WAYNE D**
 CITY-ST-ZIP **870 CYNTHIANA CIRCLE
 ALTAMONTE SPRINGS FL 32701**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **DUNCAN, WHITNEY**
 CITY-ST-ZIP **605 CRESENT EXECUTIVE CTR SUITE 112
 LAKE MARY FL 32746**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KOVALESKI, CHARLES J**
 CITY-ST-ZIP **4120 GABRIELLA LANE
 WINTER PARK FL 32792**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **PETRONE, KATHY**
 CITY-ST-ZIP **309 HEATHER WOOD CT
 WINTER SPRINGS FL 32708**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MCCORMICK, NAN B**
 CITY-ST-ZIP **1310 CHICHESTER STREET
 ORLANDO FL 34803**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **RUSSAKIS, JIM G**
 CITY-ST-ZIP **8801 INDRIO ROAD
 FT. PIERCE FL 34951**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **WARMUS, JAMES W**
 CITY-ST-ZIP **2813 MARQUESAS COURT
 WINDERMERE FL 34706**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **STARKEY, KARLA H**
 CITY-ST-ZIP **823 NICOMA TRAIL
 MAITLAND FL 32751**

TITLE ☐ Change ☒ Addition
 NAME **V**
 STREET ADDRESS **GISLER, CHARLES J JR.**
 CITY-ST-ZIP **2810 S FEDERAL HWY
 FORT PIERCE FL 34982**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles J. Gisler Jr

Date

1-24-01

Daytime Phone #

CR2E034 (10/00)