

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-13-2001 90154 001 ***300.00

DOCUMENT # P99000044276

1. Entity Name

PEOPLES FLORIDA BANKING CORPORATION

Principal Place of Business

32845 US HIGHWAY 19 NORTH
 PALM HARBOR FL 34684

Mailing Address

32845 US HIGHWAY 19 NORTH
 PALM HARBOR FL 34684

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3604554

Applied For

Not Applicable

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

DUNBAR, DAVID W
32845 US HIGHWAY 19 NORTH
PALM HARBOR FL 34684

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	D	<input type="checkbox"/> Delete
NAME	BRANDON, DAVID L	
STREET ADDRESS	557 US ALTERNATE 19	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNBAR, DAVID W	
STREET ADDRESS	32845 US 19	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISHER, FREDERICK	
STREET ADDRESS	1166 LINDENWOOD DR.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEYS, GLEN L	
STREET ADDRESS	P.O. BOX 679	
CITY-ST-ZIP	ELFERS FL 34680	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARKS, O. KEN JR	
STREET ADDRESS	24025 HX 10 NO P O Box 2336	
CITY-ST-ZIP	CLEARWATER FL 34613	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHMITT, DANIEL	
STREET ADDRESS	17935 US HWY 19	
CITY-ST-ZIP	HUDSON FL 34667	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kaltenbach, Donald	
STREET ADDRESS	7026 Little Rd	
CITY-ST-ZIP	New Port Richey, FL 34654	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Latvala, Woodrow J	
STREET ADDRESS	109 Phillips Way	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nelson, David F	
STREET ADDRESS	3483 Alt 19	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Spence, Robert B	
STREET ADDRESS	250 N Belcher Rd #100	
CITY-ST-ZIP	Clearwater, FL 34625	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

3-19-01

Date

Daytime Phone #

CR2034 (10/00)