

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3604554	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

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	P O Box 2336
CITY-ST-ZIP	Clearwater, FL 33757
TITLE	D <input type="checkbox"/> Delete
NAME	SCHMITT, DANIEL
STREET ADDRESS	17935 US HWY 19
CITY-ST-ZIP	HUDSON FL 34667

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: _____ Date **3-19-01** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)