

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90082 022 ***150.00

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	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3604554 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



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 _____
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, 2002 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

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 checked="" type="checkbox"/> Delete
NAME	FISHER, FREDERICK	
STREET ADDRESS	1166 LINDENWOOD DR.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input checked="" 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	PO 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 checked="" type="checkbox"/> Addition
NAME	Kaltenbach, Donald F.	
STREET ADDRESS	7026 Little Rd.	
CITY-ST-ZIP	New Port Richey, FL 34689	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Latvala, Jack	
STREET ADDRESS	35111 US Highway 19 North Suite 105	
CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nelson, David F.	
STREET ADDRESS	3483 Alternate 19	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Spence, Robert B.	
STREET ADDRESS	250 N. Belcher Rd. Suite 100	
CITY-ST-ZIP	Clearwater, FL 34625	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Wayne B. Bard Sr. Vice President / CFO **3-1-02** **727-786-6677**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)