

# 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**

**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**

DO NOT WRITE IN THIS SPACE

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Delete  
**NAME** **D**  
**STREET ADDRESS** **BRANDON, DAVID L**  
**CITY-ST-ZIP** **557 US ALTERNATE 19**  
**PALM HARBOR FL 34683**

**TITLE** ☐ Change ☒ Addition  
**NAME** **Kaltenbach, Donald F.**  
**STREET ADDRESS** **7026 Little Rd.**  
**CITY-ST-ZIP** **New Port Richey, FL 34689**

**TITLE** ☐ Delete  
**NAME** **D**  
**STREET ADDRESS** **DUNBAR, DAVID W**  
**CITY-ST-ZIP** **32845 US 19**  
**PALM HARBOR FL 34684**

**TITLE** ☐ Change ☒ Addition  
**NAME** **D**  
**STREET ADDRESS** **Latvala, Jack**  
**CITY-ST-ZIP** **35111 US Highway 19 North Suite 105**  
**Palm Harbor, FL 34684**

**TITLE** ☒ Delete  
**NAME** **D**  
**STREET ADDRESS** **FISHER, FREDERICK**  
**CITY-ST-ZIP** **1166 LINDENWOOD DR.**  
**TARPON SPRINGS FL 34689**

**TITLE** ☐ Change ☒ Addition  
**NAME** **D**  
**STREET ADDRESS** **Nelson, David F.**  
**CITY-ST-ZIP** **3483 Alternate 19**  
**Palm Harbor, FL 34683**

**TITLE** ☒ Delete  
**NAME** **D**  
**STREET ADDRESS** **KEYS, GLEN L**  
**CITY-ST-ZIP** **P.O. BOX 879**  
**ELFERS FL 34680**

**TITLE** ☐ Change ☒ Addition  
**NAME** **D**  
**STREET ADDRESS** **Spence, Robert B.**  
**CITY-ST-ZIP** **250 N. Belcher Rd. Suite 100**  
**Clearwater, FL 34625**

**TITLE** ☐ Delete  
**NAME** **D**  
**STREET ADDRESS** **MARKS, O. KEN JR**  
**CITY-ST-ZIP** **PO BOX 2336**  
**CLEARWATER FL 33757**

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

**TITLE** ☐ Delete  
**NAME** **D**  
**STREET ADDRESS** **SCHMITT, DANIEL**  
**CITY-ST-ZIP** **17935 US HWY 19**  
**HUDSON FL 34667**

**TITLE** ☐ Change ☐ 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)