

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90167 048 ***150.00

DOCUMENT # P99000056167

1. Entity Name
TRANSCAPITAL BANK



Principal Place of Business
2100 E HALLANDALE BEACH BLVD
HALLANDALE BEACH FL 33009

Mailing Address
2100 E HALLANDALE BEACH BLVD
HALLANDALE BEACH FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0928143**

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

Name **William E. Himes**

Street Address (P.O. Box Number is Not Acceptable)
2402 NW 108 Terrace

Sunrise

City **Sunrise**

FL

Zip Code **33322**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **William E. Himes**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **7/22/03**

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **BEST, TERRY EDEN**
STREET ADDRESS **7481 RED BAY PLACE**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **D** ☒ Change ☐ Addition
NAME **Zedeck, Leonard E.**
STREET ADDRESS **13790 NW 4th St., Ste 113**
CITY-ST-ZIP **Sunrise, FL 33325**

TITLE **VD** ☐ Delete
NAME **HIMES, WILLIAM E**
STREET ADDRESS **2402 NW 108 TERR**
CITY-ST-ZIP **SUNRISE FL**

TITLE **D** ☒ Change ☐ Addition
NAME **Zedeck, Murray**
STREET ADDRESS **2626 Castilla Isle**
CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

TITLE **D** ☐ Delete
NAME **ROTH, SEYMOUR**
STREET ADDRESS **10175 COLLINS AVE., APT 908**
CITY-ST-ZIP **BAL HARBOUR FL 33154**

TITLE **D** ☐ Change ☒ Addition
NAME **Schwartz, Gerald**
STREET ADDRESS **11900 S. Aviary Dr.**
CITY-ST-ZIP **Cooper City, FL 33026**

TITLE **D** ☐ Delete
NAME **ZEDECK, LEONARD E**
STREET ADDRESS **1820 NE 163 ST**
CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE **P/D** ☐ Change ☒ Addition
NAME **Harper, Floyd D.**
STREET ADDRESS **6980 SW 1st St.**
CITY-ST-ZIP **Margate, FL 33068**

TITLE **D** ☐ Delete
NAME **ZEDECK, MURRAY**
STREET ADDRESS **6300 MELALEUCA RD**
CITY-ST-ZIP **FT LAUDERDALE FL**

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

TITLE **D** ☐ Delete
NAME **SCHULMAN, DAVID B**
STREET ADDRESS **9513 SEA TURTLE DRIVE**
CITY-ST-ZIP **PLANTATION FL 33324**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Floyd D. Harper, PC **7/22/03** **(954)456-3325**

Date

Daytime Phone #

CR2E034 (10/02)