2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P99000059915 -Feb 04, 2000 8:00 am Secretary of State FIRST FLORIDA BANK 02-04-2000 90072 012 ***150.00 Principal Place of Business Mailing Address 8850 TAMIAMI TRAIL N 8850 TAMIAMI TRAIL N NAPLES FL NAPLES FL 34108-2524 2. Principal Place of Business 3. Mailing Address P.O. Box 771449 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 62-1786295 Applied For City & State City & State Naples, FL Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 34107-1449 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Robert O. Smedley Street Address (P.O. Box Number is Not Acceptable) First Florida Bank 8850 Tamiami Trail North Zip Code Naples 34108 for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition Delete TITLE TITLE Anderson, Lowell C. 1 ANDERSON, LOWELL C NAME NAME 8850 Tamiami Trail North STREET ADDRESS STREET ADDRESS 1775 S LEXINGTON CT #12 Naples, FL 34108 CITY-ST-ZIP CITY-ST-ZIP LILYDALE MN 55118 **Addition** Change TITLE ☐ Delete TITLE Smedley, Robert O. NAME BRAUN, CHRISTOPHER A NAME 8850 Tamiami Trail North STREET ADDRESS 197 SILVERADO DR STREET ADDRESS Naples, FL 34108 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34119 TITLE Change X Addition Delete TITLE CENSITS, RICHARD J Strangis, Ralph 90 S. 7th Street #5500 = NAME NAME STREET ADDRESS STREET ADDRESS 688 ANNEMORE LANE Minneapolis, MN 55402 CITY-ST-ZIP CITY-ST-ZIP ---NAPLES FL 34108 ☐ Change Addition ☐ Delete TITLE TITLE FLOOD, WILLIAM J NAME Werner, George NAME STREET ADDRESS 1919 Trade Center Way, Ste 2 STREET ADORESS 9 SENECA TRAIL Naples, FL 34109 CITY-ST-ZIE CITY-ST-7IP **CONYNGHAM PA 18219** ☐ Change ☐ Addition ☐ Delete TITLE TITLE GOODMAN, KENNETH D NAME NAME STREET ADDRESS STREET ADDRESS 6622 NEWHAVEN CIR CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 D X Change Addition ☐ Delete TITLE TITLE Hoyt, John W. HOYT, JOHN W NAME NAME 8850 Tamiami Trail North STREET ADDRESS 7425 PELICANBAY BLVD #2006 STREET ADDRESS Naples, FL 34108 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34108 13. Thereby 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 12 in Chapter 607, Florida Statutes; and that my name appears in Block 12 in Chapter 607, Florida Statutes; and that my name appears in Block 12 in Chapter 607, Florida Statutes; and that my name appears in Block 12 in Block 12 in Chapter 607, Florida Statutes; and that my name appears in Block 12 in Bl