

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068085

1. Entity Name
BRISTOL BANK

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90048 046 ***150.00

Principal Place of Business

1493 SUNSET DR
CORAL GABLES FL 33143

Mailing Address

1493 SUNSET DR
CORAL GABLES FL 33143

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 **65-0914833**

Applied For
Not Applicable

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

Alison W. Miller
Museum Tower
150 West Flagler Street
Miami, FL 33130

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFOD
EANES, JASPER ☐ Delete
1493 SUNSET DR
CORAL GABLES FL 33143

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Delete
HADDAD, GILBERT
1493 SUNSET DR
CORAL GABLES FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Change ☒ Addition
Miller Alison W.
150 West Flagler St.
Miami, FL 33130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Delete
FROST, PATRICIA
125 E SAN MARINO DR
MIAMI BEACH FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Change ☒ Addition
Carol G. Brooks
2665 South Bayshore Dr., Suite 1C
Miami, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Delete
DUCHOWNY, MICHAEL
3200 SW 60TH CT SUITE 201
CORAL GABLES FL 33155-4079

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Change ☒ Addition
Welbourne B. Haddad
28 South Bounty Lane
Key Largo, FL 33037-3235

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Delete
ACEVEDO, RAFAEL
2600 SW 3RD AVE SUITE 800
MIAMI FL 33129

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOD ☐ Delete
DUNBAR, D PETER
1493 SUNSET DR
CORAL GABLES FL 33143

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

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:

Jasper R. Eanes **Jasper R. Eanes**

1-11-01

305-661-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)