

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90082 032 \*\*\*150.00

**DOCUMENT # P99000068085**

**1. Entity Name**  
**BRISTOL BANK**



**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**

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

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

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

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

**TITLE** **D** ☐ Delete  
**NAME** **MILLER, ALISON**  
**STREET ADDRESS** **150 WEST FLAGLER ST**  
**CITY-ST-ZIP** **MIAMI FL 33130**

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

**TITLE** **D** ☐ Delete  
**NAME** **BROOKS, CAROL**  
**STREET ADDRESS** **2665 SOUTH BAYSHORE DR, SUITE 1C**  
**CITY-ST-ZIP** **MIAMI FL 33133**

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

**TITLE** **D** ☐ Delete  
**NAME** **WELBOURNE, HADDAD**  
**STREET ADDRESS** **38 SOUTH BOUNTY LANE**  
**CITY-ST-ZIP** **KEY LARGO FL 33037-3235**

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

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

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** **Gil Haddad**  
**STREET ADDRESS** **1493 Sunset Dr.**  
**CITY-ST-ZIP** **Coral Gables, FL 33143**

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

**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:**

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

**1-6-03**

**305-740-1040**

Date

Daytime Phone #

CR2E034 (10/02)