

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90007 047 \*\*\*150.00

**DOCUMENT # P99000070268**

1. Entity Name  
**PALM BEACH COUNTY BANK**

Principal Place of Business 3717 BOYNTON BEACH BLVD. BOYNTON BEACH FL	Mailing Address PO BOX 3809 BOYNTON BEACH FL 33424-3809
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>65-0940289</b>	Applied For
	Not Applicable

Zip	Country	Zip	Country
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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	<b>Calvin L. Cearley</b>	
Street Address (P.O. Box Number is Not Acceptable)	<b>15542 Cypress Park Drive</b>	
City	<b>Wellington</b>	Zip Code <b>FL 33414</b>

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 **Calvin L. Cearley, Director** 1/22/01

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>RAPAPORT, PETER A</b> <b>1557 N OCEAN BLVD.</b> <b>PALM BEACH FL 33480</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>RAPAPORT, JONATHAN F</b> <b>2701 TECUMSEH DR.</b> <b>WEST PALM BEACH FL 33409</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>NOREM, STORMET C</b> <b>2150 S OCEAN BLVD, 7-B</b> <b>DELRAY BEACH FL 33483</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>ROSENBACH, DEAN J</b> <b>1124 COUNTRY CLUB DR</b> <b>NORTH PALM BEACH FL 33408</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>CEARLEY, CALVIN L</b> <b>15542 CYPRESS PARK DR</b> <b>WELLINGTON FL 33414</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MARTIN, WILLIAM R</b> <b>4398 CARYOTA DR</b> <b>BOYNTON BEACH FL 33436</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Calvin L. Cearley** 1/22/01 561-742-9110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10391  
CR2E034 (10/00)