

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072575

1. Entity Name

SIGNATURE BANK

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90176 004 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
100 SECOND AVE NORTH ST PETERSBURG FL		100 SECOND AVE NORTH ST PETERSBURG FL 33701-3300	
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	59-3592462	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, PAUL W	NAME	
STREET ADDRESS	1091 EDENISLE DR NEH	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, JACKSON H IV	NAME	
STREET ADDRESS	1620 BAYSHORE DR	STREET ADDRESS	
CITY-ST-ZIP	TERRA CEIA FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, DAVID S	NAME	
STREET ADDRESS	11440 HARBORSIDE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUGHTON, BETH A	NAME	
STREET ADDRESS	1050 FRIENDLY WAY SOUTH	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENT, LEWIS H	NAME	
STREET ADDRESS	21 ISLAND COURT	STREET ADDRESS	
CITY-ST-ZIP	TERRA CEIA FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHER, CRAIG H	NAME	
STREET ADDRESS	9055 BAY WOOD PARK DR	STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	CITY-ST-ZIP	

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: PAUL W. BAILEY **APRIL 11, 2000** 727-388-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)