

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90539 003 ***150.00

DOCUMENT # P99000072575

1. Entity Name

SIGNATURE BANK

Principal Place of Business

**100 SECOND AVE NORTH
ST PETERSBURG FL**

Mailing Address

**100 SECOND AVE NORTH
ST PETERSBURG FL**

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 ☐

\$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.

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, 2002 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 **D** ☒ Delete
NAME **BAILEY, PAUL W**
STREET ADDRESS **1091 EDENISLE DR NEH**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **CEO/D** ☒ Change ☐ Addition
NAME **FEASTER, DAVID P**
STREET ADDRESS **100 SECOND AVE NO**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **D** ☒ Delete
NAME **BOWMAN, JACKSON H IV**
STREET ADDRESS **1620 BAYSHORE DR**
CITY-ST-ZIP **TERRA CEIA FL**

TITLE **P/D** ☒ Change ☐ Addition
NAME **BAILEY, PAUL W**
STREET ADDRESS **100 SECOND AVE NO**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **D** ☒ Delete
NAME **DANIELS, DAVID S**
STREET ADDRESS **11440 HARBORSIDE CIRCLE**
CITY-ST-ZIP **LARGO FL**

TITLE **C/D** ☒ Change ☐ Addition
NAME **HOUGHTON, BETH A.**
STREET ADDRESS **100 SECOND AVE NO**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **D** ☒ Delete
NAME **HOUGHTON, BETH A**
STREET ADDRESS **1050 FRIENDLY WAY SOUTH**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **S/D** ☒ Change ☐ Addition
NAME **WILLIS, ROBERT H JR**
STREET ADDRESS **100 SECOND AVE NO**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **D** ☒ Delete
NAME **KENT, LEWIS H**
STREET ADDRESS **21 ISLAND COURT**
CITY-ST-ZIP **TERRA CEIA FL**

TITLE **AS/CFO** ☐ Change ☒ Addition
NAME **FERNANDEZ, CARLOS F**
STREET ADDRESS **100 SECOND AVE NO**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **D** ☒ Delete
NAME **SHER, CRAIG H**
STREET ADDRESS **9055 BAY WOOD PARK DR**
CITY-ST-ZIP **SEMINOLE FL**

TITLE **D** ☒ Change ☐ Addition
NAME **SHER, CRAIG H**
STREET ADDRESS **100 SECOND AVE NO**
CITY-ST-ZIP **ST PETERSBURG FL**

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 officers empowered.

SIGNATURE:

SIGNATURE REQUIRED

CARLOS F. FERNANDEZ

ASST. SECRETARY/CFO

04/24/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D BOWMAN, JACKSON H IV 100 SECOND AVE NO ST PETERSBURG FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELS, DAVID S 100 SECOND AVE NO ST PETERSBURG FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENT, LEWIS H 100 SECOND AVE NO ST PETERSBURG FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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