

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077490

1. Entity Name

PEOPLE'S COMMUNITY BANK OF THE WEST COAST

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90097 012 ***150.00

Principal Place of Business

Mailing Address

1991 MAIN ST SUITE 115
SARASOTA FL 34236

1991 MAIN ST SUITE 115
SARASOTA FL 34236-5970

2. Principal Place of Business

1991 Main St.
Suite, Apt. #, etc.
Suite 108

3. Mailing Address

P O Box 1898

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

4. FEI Number

65-0914941

Applied For

Not Applicable

Zip

34236

Country

Zip

34230-1898

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Igler & Dougherty, PA
1501 Park Ave. E.
Tallahassee, FL 32301

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	BEAUCHAMP, BRIAN W	
STREET ADDRESS	3717 71ST TER E	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEAUCHAMP, WILLIAM J JR	
STREET ADDRESS	7368 PALOMINO TRAIL	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAIE, MICHAEL B	
STREET ADDRESS	12001 BACKWATER RD	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEAN, JAMES L	
STREET ADDRESS	4872 WATERBRIDGE DOWN	
CITY-ST-ZIP	SARASOTA FL 34235-7215	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMILTON, JOSEPH A	
STREET ADDRESS	3615 FLORES AVE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIEBEL, STEVEN E	
STREET ADDRESS	7158 CAPTAIN KIDD AVE	
CITY-ST-ZIP	SARASOTA FL 34233	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOESCH, HORST	
STREET ADDRESS	304 RINGLING POINT ROAD	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	METZ, JOHN	
STREET ADDRESS	536 N. SPOONBILL DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SKOKOS, PETER Z.	
STREET ADDRESS	902 WOODVIEW WAY	
CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDEVITT, WILLIAM J.	
STREET ADDRESS	7508 WEEPING WILLOW DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COX, JOEL	
STREET ADDRESS	264 ROCKHILL COURT	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOPER, CRAIG	
STREET ADDRESS	4431 GALWAY DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34232	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Neil D. McCurry

1-20-2000

Date

941-365-5934

Daytime Phone #

CR2E034 (9/99)