

<b>DOCUMENT # P99000077490</b>	
1. Entity Name <b>PEOPLE'S COMMUNITY BANK OF THE WEST COAST</b>	

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90084 010 \*\*\*158.75

Principal Place of Business <b>1991 MAIN ST SUITE 108 SARASOTA FL 34236</b>	Mailing Address <b>P.O. BOX 1896 SARASOTA FL 34230-1896</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>25 South Links Avenue</b> Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 1779</b> Suite, Apt. #, etc.
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City & State <b>Sarasota, Florida</b>	City & State <b>Sarasota, Florida</b>
Zip <b>34236</b>	Zip <b>34230</b>
Country	Country

4. FEI Number <b>65-0914941</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City

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 \_\_\_\_\_ (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. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BEAUCHAMP, BRIAN W</b>
STREET ADDRESS	<b>3717 71ST TER E</b>
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BEAUCHAMP, WILLIAM J JR</b>
STREET ADDRESS	<b>7368 PALOMINO TRAIL</b>
CITY-ST-ZIP	<b>SARASOTA FL 34241</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BLAIE, MICHAEL B</b>
STREET ADDRESS	<b>12001 BACKWATER RD</b>
CITY-ST-ZIP	<b>SARASOTA FL 34240</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>DEAN, JAMES L</b>
STREET ADDRESS	<b>4872 WATERBRIDGE DOWN</b>
CITY-ST-ZIP	<b>SARASOTA FL 34235-7215</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>HAMILTON, JOSEPH A</b>
STREET ADDRESS	<b>3615 FLORES AVE</b>
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LIEBEL, STEVEN E</b>
STREET ADDRESS	<b>7158 CAPTAIN KIDD AVE</b>
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: [Signature] 1/4/01 Date Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)