

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90055 041 \*\*\*150.00

**DOCUMENT # P99000077490**

1. Entity Name

**PEOPLE'S COMMUNITY BANK OF THE WEST COAST**

Principal Place of Business

**25 SOUTH LINKS AVENUE  
SARASOTA FL 34236  
US**

Mailing Address

**P.O. BOX 1779  
SARASOTA FL 34230  
US**

2. Principal Place of Business

**25 South Links Ave.**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 1779**

Suite, Apt. #, etc.

City &amp; State

**Sarasota, Florida**

City &amp; State

**Sarasota, Florida**

4. FEI Number

**65-0914941**

Applied For

Not Applicable

Zip

**34236**

Country

Zip

**34230**

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**IGLER DOUGHERTY, P.A.  
1501 Park Avenue East  
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, 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

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>BLAIKIE, 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 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>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)