2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

P99000077490

1. Entity Name

SIGNATURE

PEOPLE'S COMMUNITY BANK OF THE WEST COAST



FILED Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90083 027 ***150.00

Principal Place of 25 SOUTH LINKS SARASOTA FL 34 US	AVENUE	Mailing Address P.O. BOX 1779 SARASOTA FL 34230 US					
2. Principal Place of Business		3. Mailing Address		I LEGITER HA TOLIS ESHI DRIN DRIN DRIN DRIN LEGI IDRN BLUT BLUT DRIN 1981			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 65-0914941 Applied For Not Applicable			
Zip	Country	Zip	Country	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			
Igler & Dougherty, PA 1501 Park Avenue East Tallhassee, Florida 32301				ne			
				Street Address (P.O. Box Number is Not Acceptable)			
, š			City	·			
	med entity submits this staten	nent for the purpose of changing it	ts registered offi	e or registered agent, or both, in the State of Florida. I am familiar with, and accept			

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!!	FEE IS \$150.00
After May 1, 2003	Fee will be \$550.00
Make Check Payable to F	Florida Department of State

Signature, typed or printed name of registered agent and title if applicable.

9. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. X Change ☐ Addition Director TITLE Delete TITLE Beauchamp, Brian W BEAUCHAMP, BRIAN W NAME NAME STREET ADDRESS STREET ADDRESS 3717 71ST TER E 4527 Blue Marlin Drive CITY-ST-ZIP SARASOTA FL 34243 CITY-ST-ZIP Bradenton, Florida 34208 XX Change ☐ Delete TITLE Director TITLE NAME BEAUCHAMP, WILLIAM J JR NAME Beauchamp, William J. Jr STREET ADDRESS STREET ADDRESS 7368 PALOMINO TRAIL 921 North Lime Avenue CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34241 Sarasota, Florida 3423 Addition ☐ Change Delete TITLE TITLE Director NAME NAME Blaikie. Michael B Boesch, Horst STREET ADDRESS STREET ADDRESS 12001 BACKWATER RD 7040 Treymore Court CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34240 Sarasota, Florida 34243 Change Delete TITLE TITLE Director NAME NAME DEAN, JAMES L Cox, Joel M. STREET ADDRESS STREET ADDRESS 4872 WATERBRIDGE DOWN 264 Rockhill Court CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34235-7215 Marco Island, Florida 34145 Addition TITLE ☐ Delete TITLE Director NAME NAME Liebel, stéven e Liebel, Steve E STREET ADDRESS STREET ADDRESS 7158 CAPTAIN KIDD AVE 1424 N. Lakeshore Drive CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34233 Sarasota, Florida 34231 Change TITLE TITLE Delete Director NAME NAME Metz, John STREET ADDRESS STREET ADDRESS 536 N. Spoonbill Drive CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam		0077490 HE WEST COAST	1000	80026823				
Principal Place 25 SOUTH LIN SARASOTA FL US	IKS AVENUE	Mailing Address P.O. BOX 1779 SARASOTA FL 34230 US			800			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #. etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4	4. FEI Number 65-0914941	Applied For Not Applicable		
Zip	Country	Zip	Country	_ !		8.75 Additional ee Required		
	6. Name and Address of Current	Registered Agent	Numa		7. Name and Address of New Registered Ag	ent		
			Name	Name				
			Street A	Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code		
	named entity submits this statement fo ons of registered agent.	r the purpose of changing its	registered office or	registered	agent, or both, in the State of Florida. I am fan	niliar with, and accept		
SIGNATURE _				<u> </u>				
2 804 3 21 34 34 34 1 8	Signature, typed or printed name of registered agents	e e swexeal	hag sterod Agent signati	is technised whi	en reinstating) DATE			
After	LE NOW!!! FEE IS'\$150.00 May 1: 2003 Fee will be \$550.00 Payable to Florida Department of				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 11		
TIFLE NAME STREET AODRESS CITY-SI-ZIP	D BEAUCHAMP, BRIAN W 3717 71ST TER E SARASOTA FL 34243	☐ Delete	TATLE RAME STREET ADDRESS CHY-ST-2R	Skok 902	rman cos, Peter Z Woodview Way enton, Florida 34202	Change X Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAUCHAMP, WILLIAM J JR 7368 PALOMINO TRAIL SARASOTA FL 34241	□ Delete	TITLE HAME STREET ADDRESS C 1Y-ST-ZIP	Pres McCu 1740	ident CEO, Director I rry, Neil D. Jr Prospect Street sota, Florida 34239	Change 🔀 Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAIKIE, MICHAEL B 12001 BACKWATER RD SARASOTA FL 34240	☐ Delete	MALE NAME STREET ADDRESS CHY-ST-ZIP	CFO, Smit 7342	EVP h, Karen F. Loblolly Bay Trail	Cnange — XX Addition		
	D DEAN, JAMES L 4872 WATERBRIDGE DOWN SARASOTA FL 34235-7215	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLO, Hall	EVP .oran, Rick . Pine Tree Drive .tenton, Florida 34202	Change XX Addition		
	D LIEBEL, STEVEN E 7158 CAPTAIN KIDD AVE SARASOTA FL 34233	Oelete	MALE DAME STREET ADDRESS CRIY-ST-ZIP	Bart 470	ch, Dee Acacia Drive			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	earth, that the information supplied with	Delete	THE HAME SINEET ADDRESS CIFY-ST-ZIP		nsota, Florida 34237			

12. Thereby 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 inclicated 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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