

2000 UNIFORM BUSINESS REPORT (UBR)

1/24/00-90107-052-\$150.00-\$150.00

APPROVED
AND
FILED

DOCUMENT # P99000085081

1. Entity Name

BAY CITIES BANK

00 FEB 28 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

705969

Principal Place of Business

AUSTIN CENTER W. TOWER II
1408 N WESTSHORE BLVD., SUITE 502
TAMPA FL 33622

Mailing Address

AUSTIN CENTER W. TOWER II
1408 N WESTSHORE BLVD., SUITE 502
TAMPA FL 33622-1027

2. Principal Place of Business

2202 N. West Shore Blvd.

Suite, Apt. #, etc.

Suite 150

City & State
Tampa, Florida

3. Mailing Address

P.O. Box 21027

Suite, Apt. #, etc.

City & State
Tampa, Florida

4. FEI Number

59-3599674

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

33607

USA

33622-1027

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Timothy A. McGuire

Street Address (P.O. Box Number is Not Acceptable)

2202 N. West Shore Blvd.

Suite 150

City

Tampa

FL

Zip Code

33607

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

Timothy A. McGuire

1-13-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
C A. Bronson Thayer 401 E. Jackson Street, Suite 2310 Tampa, FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D Monroe Berkman 3401 Beach Drive Tampa, FL 33629	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D John Bierley 5414 Lykes Lane Tampa, FL 33611	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D Lawrence Dimmitt 1015 Bay Esplanade Clearwater Beach, FL 33756	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D/P Timothy McGuire 4801 W. Dryad Street Tampa, FL 33629	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D Eric Newman 401 Royal Poinciana Drive Tampa, FL 33609	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Marti J. Warren
MARTI J. WARREN, SVP and CFO

2-23-00

(813) 281-0009

Date

Daytime Phone #

CR2E034 (9/99)