

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085081

1. Entity Name

BAY CITIES BANK

Principal Place of Business

2202 N. WEST SHORE BLVD., STE. 150
TAMPA FL 33607

Mailing Address

P.O. BOX 21027
TAMPA FL 33622-1027

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3599674

Applied For

Not Applicable

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VST ☐ Delete
NAME WARREN, MARTI J
STREET ADDRESS 3107 LAKESTONE DRIVE
CITY-ST-ZIP TAMPA FL 33618

TITLE P,D ☐ Change ☒ Addition
NAME Bryant, Gregory W.
STREET ADDRESS 2202 N. West Shore Blvd. Ste. 150
CITY-ST-ZIP Tampa, FL 33607

TITLE C ☐ Delete
NAME THAYER, A. BRONSON
STREET ADDRESS 401 E. JACKSON ST., STE. 2310
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BERKMAN, MONROE
STREET ADDRESS 3401 BEACH DRIVE
CITY-ST-ZIP TAMPA FL 33629

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BIERLEY, JOHN
STREET ADDRESS 5414 LYKES LANE
CITY-ST-ZIP TAMPA FL 33611

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DIMMITT, LAWRENCE
STREET ADDRESS 1015 BAY ESPLANADE
CITY-ST-ZIP CLEARWATER BEACH FL 33756

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☒ Delete
NAME MCGUIRE, TIMOTHY
STREET ADDRESS 4801 S. DRYAD STREET
CITY-ST-ZIP TAMPA FL 33629

TITLE ☐ Change ☐ 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:

Marti J. Warren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTI J. WARREN

2/8/01
Date

(813) 281-0009
Daytime Phone #

CR2E034 (10/00)