

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000106415**

1. Entity Name

FIRST KENSINGTON BANK

Principal Place of Business

**1300 PINEHURST DR
SPRING HILL FL**

Mailing Address

**1300 PINEHURST DR
SPRING HILL FL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3547472

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

**Gerald K. Archibald
4602 Laver Court
Tampa, FL 33624**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	ARCHIBALD, GERALD K	4602 LAVER CT	TAMPA FL 33624	<input type="checkbox"/>
D	BLACKWELL, GARY L	6915 SR 54	NEW PORT RICHEY FL 34655	<input type="checkbox"/>
D	GATES, BRYAN E	270 SKIFF POINT RD, B-1	CLEARWATER FL 33767	<input type="checkbox"/>
D	MITCHELL, D. DEWEY	8600 SR 54	NEW PORT RICHEY FL 34655	<input type="checkbox"/>
D	BENDER, WILLIAM R JR	4211 W SAN RAFAEL ST	TAMPA FL 33629	<input type="checkbox"/>
D	IDICULA, JOSEPH	10065 CORTEZ BLVD	BROOKSVILLE FL 34613	<input type="checkbox"/>

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

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

4/6/01
Date(813) 961-6200
Daytime Phone #

CR2E034 (10/00)