

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90025 031 ***550.00

DOCUMENT # P99000110234

1. Entity Name
LANDMARK BANK OF FLORIDA

Principal Place of Business

3939 MCINTOSH RD
 SARASOTA FL

Mailing Address

3939 MCINTOSH RD
 SARASOTA FL

AVU7762U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0973600

Applied For

Not Applicable

Zip

34233

Country

Zip

34233

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

Name

Lee K. Waring

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

3939 McIntosh Road

City

Sarasota

FL

Zip Code

34233

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	DABNEY, THOMAS G	
STREET ADDRESS	4600 CAMINO REAL	
CITY-ST-ZIP	SARASOTA FL 34321	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEIFER, CHRIS A	
STREET ADDRESS	16308 VILLAREAL DE AVILA	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENNINGTON, GERALD L	
STREET ADDRESS	285 SUGAR MILL DR	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE	D	<input type="checkbox"/> Delete
NAME	STTELE, JOHN M	
STREET ADDRESS	1828 ROLAND ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUPLEE, T. RAYMOND	
STREET ADDRESS	1741 SEMINOLE DR	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIS, ISAAC	
STREET ADDRESS	1141 REGENCY RD NW	
CITY-ST-ZIP	ATLANTA GA 30327	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Waring, Lee K	
STREET ADDRESS	3939 McIntosh Road	
CITY-ST-ZIP	Sarasota, FL 34233	
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	Steele	
STREET ADDRESS	(Spelling Last Name)	
CITY-ST-ZIP		
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		

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:

Lee K. Waring
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/00

Date

(941)954-5100

Daytime Phone #

CR2E034 (5/00)