

**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      Mailing Address  
**3939 MCINTOSH RD      3939 MCINTOSH RD**  
**SARASOTA FL      SARASOTA FL**

**RUU7762U**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0973600		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				
34233		34233					

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
				Name <b>Lee K. Waring</b>			
				Street Address (P.O. Box Number is Not Acceptable)			
				<b>3939 McIntosh Road</b>			
				City		FL	Zip Code
				<b>Sarasota</b>			<b>34233</b>

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After SEPTEMBER 13, 2000 Min. will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DABNEY, THOMAS G</b> <b>4600 CAMINO REAL</b> <b>SARASOTA FL 34321</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Waring, Lee K</b> <b>3939 McIntosh Road</b> <b>Sarasota, FL 34233</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PEIFER, CHRIS A</b> <b>16308 VILLAREAL DE AVILA</b> <b>TAMPA FL 33613</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PENNINGTON, GERALD L</b> <b>285 SUGAR MILL DR</b> <b>OSPREY FL 34229</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STTELE, JOHN M</b> <b>1828 ROLAND ST</b> <b>SARASOTA FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Steele</b> (Spelling Last Name)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SUPLEE, T. RAYMOND</b> <b>1741 SEMINOLE DR</b> <b>SARASOTA FL 34236</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIS, ISAAC</b> <b>1141 REGENCY RD NW</b> <b>ATLANTA GA 30327</b>	TITLE 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      9/11/00      (941)954-5100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (5/00)