

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90022 045 \*\*\*150.00

**DOCUMENT # P99000110234**

1. Entity Name

**LANDMARK BANK OF FLORIDA**

Principal Place of Business

**3939 MCINTOSH RD  
SARASOTA FL 34233**

Mailing Address

**3939 MCINTOSH RD  
SARASOTA FL 34233**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **65-0973600**

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

**Waring, Lee K  
3939 McIntosh Road  
Sarasota, FL 34236**

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.

**Lee K. Waring, President & CEO****April 25, 2001**

DATE

(NOTE: Registered Agent signature required when reinstating)

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 **D** ☐ Delete  
NAME **DABNEY, THOMAS G**  
STREET ADDRESS **4600 CAMINO REAL**  
CITY-ST-ZIP **SARASOTA FL 34321**TITLE **D** ☐ Change ☒ Addition  
NAME **Annette Ayers**  
STREET ADDRESS **540 N. Casey Key Road**  
CITY-ST-ZIP **Osprey, FL 34229**TITLE **D** ☐ Delete  
NAME **PEIFER, CHRIS A**  
STREET ADDRESS **16308 VILLAREAL DE AVILA**  
CITY-ST-ZIP **TAMPA FL 33613**TITLE **D** ☐ Change ☒ Addition  
NAME **John B. Harshman**  
STREET ADDRESS **1575 Main Street**  
CITY-ST-ZIP **Sarasota, FL 34236**TITLE **D** ☐ Delete  
NAME **PENNINGTON, GERALD L**  
STREET ADDRESS **285 SUGAR MILL DR**  
CITY-ST-ZIP **OSPREY FL 34229**TITLE **D** ☐ Change ☒ Addition  
NAME **Kathleen Toale**  
STREET ADDRESS **2918 Avenue East**  
CITY-ST-ZIP **Holmes Beach, FL 34217**TITLE **D** ☐ Delete  
NAME **STEELE, JOHN M**  
STREET ADDRESS **1828 ROLAND ST**  
CITY-ST-ZIP **SARASOTA FL**TITLE **D** ☐ Change ☒ Addition  
NAME **Lee K. Waring**  
STREET ADDRESS **4908 Sabal Lake Circle**  
CITY-ST-ZIP **Sarasota, FL 34238**TITLE **D** ☐ Delete  
NAME **SUPLEE, T. RAYMOND**  
STREET ADDRESS **1741 SEMINOLE DR**  
CITY-ST-ZIP **SARASOTA FL 34236**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **WILLIS, ISAAC**  
STREET ADDRESS **1141 REGENCY RD NW**  
CITY-ST-ZIP **ATLANTA GA 30327**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lee K. Waring****April 25, 2001**

Date

**941-954-5100**

Daytime Phone #

CR2E034 (10/00)