

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90173 019 ***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
544 S. WASHINGTON BLVD.

3. Mailing Address
P.O. BOX 5737

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SARASOTA, FL

City & State
SARASOTA, FL

4. FEI Number
65-0973600

Applied For
Not Applicable

Zip
34236

Country
USA

Zip
34277

Country
USA

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

QUALE, THOMAS G
544 S. Washington Blvd.
Sarasota, FL 34233

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. 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 **THOMAS G QUALE**
STREET ADDRESS **3939 MCINTOSH ROAD**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **D** ☐ Delete
NAME **PEIFER, CHRIS A**
STREET ADDRESS **16308 VILLAREAL DE AVILA**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **D** ☐ Change ☒ Addition
NAME **ANNETTEE AYERS**
STREET ADDRESS **540 N. CASEY KEY ROAD**
CITY-ST-ZIP **OSPREY, FL 34229**

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

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-ZIP

TITLE **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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

THOMAS QUALE 4/1/03 941-954-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)