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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S21461** (6)

1. Corporation Name
SARASOTA BANCORPORATION, INC.

Principal Place of Business

**2 N. TAMiami TRAIL
SUITE 100
SARASOTA FL 34236**

Mailing Address

**2 N. TAMiami TRAIL
SUITE 100
SARASOTA FL 34236-5541**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

3. Date Incorporated or Qualified
12/28/1990

3a. Date of Last Report
04/10/1996

4. FEI Number
65-0235255

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JENNINGS, CHRISTINE L.
TWO NORTH TAMiami TRAIL
SUITE 100
SARASOTA FL 34236**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **BAKER, SUSAN M.**
STREET ADDRESS **107 SHARON LAKE COURT**
CITY-ST-ZIP **LEXINGTON SC 29072**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BARR, KENNETH H.**
STREET ADDRESS **790 PENFIELD**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **740 Penfield**
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **CLARKE, TIMOTHY J.**
STREET ADDRESS **3509 A AVENIDA MADERA**
CITY-ST-ZIP **BRADENTON FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **3509 AVENIDA MADERA**
3.4 CITY-ST-ZIP **BRADENTON, FL 34210**

TITLE **D** ☐ DELETE
NAME **DEMLER, JAMES W., M.D.**
STREET ADDRESS **1547 BAY VIEW DRIVE**
CITY-ST-ZIP **SARASOTA FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE **DP** ☐ DELETE
NAME **JENNINGS, CHRISTINE L.**
STREET ADDRESS **600 BLVD OF ARTS #802**
CITY-ST-ZIP **SARASOTA FL 34236**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **988 Blvd of the Arts # 510**
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **LEVI, EDWARD S.**
STREET ADDRESS **454 NORTH WASHINGTON DR**
CITY-ST-ZIP **SARASOTA FL 34236**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS **DV**
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Christine L. Jennings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

2/13/97

SARASOTA BANK CORPORATION, INC.

TWO NORTH TAMiami TRAIL, SUITE 100, SARASOTA, FL 34236

ADDEMDUM TO 1997 CORPORATION ANNUAL REPORT
QUESTIONS 12 AND 13, OFFICERS AND DIRECTORS

12.

Title
Name
Address
City, St

DS
Sam D. Norton, Esquire
~~1391 Harbor Drive~~
~~Sarasota, FL 34239~~

Title
Name
Address
City, St

DT
Michael R. Pender, Jr. CPA
4803 Winchester Drive
Sarasota, FL 34234

Title
Name
Address
City, St

D
Dean Pratt
1711 Loma Linda Street
Sarasota, FL 34239

Title
Name
Address
City, St

D
Stanford Ross
615 N. Owl Drive
Sarasota, FL 34236

Title
Name
Address
City, St

~~D~~
Gilbert J. Wellman
~~7119 Fairway Bend Lane~~
Sarasota, FL 34243

13.

X Change

4648 Stoneridge TR
SARASOTA, FL 34239

DC

X Change

4413 Links Ct.