

**2021 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 421643

**Entity Name:** THE BANK OF TAMPA**Current Principal Place of Business:**601 BAYSHORE BLVD.  
SUITE 900  
TAMPA, FL 33606**Current Mailing Address:**C/O CORPORATE SECRETARY  
P.O. BOX 1  
TAMPA, FL 33601-0001 US**FEI Number:** 59-1447189**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHANCE-CHIN, ROXANNE  
BLANCHARD BANKING CENTER  
4400 N. ARMENIA AVENUE  
TAMPA, FL 33603 US*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:** ROXANNE CHANCE-CHIN

08/25/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHIEF ACCOUNTING OFFICER  
Name HERNANDEZ, RONALD V  
Address BLANCHARD BANKING CENTER  
4400 N. ARMENIA AVENUE  
City-State-Zip: TAMPA FL 33603

Title CHAIRMAN  
Name FERMAN, JAMES L. JR.  
Address 601 BAYSHORE BLVD, STE 900  
City-State-Zip: TAMPA FL 33606

Title CFO, CORPORATE SECRETARY  
Name MILLER, SUSAN K  
Address 601 BAYSHORE BLVD.  
SUITE 900  
City-State-Zip: TAMPA FL 33606

Title PINELLAS COUNTY MARKET  
PRESIDENT  
Name LAFAVE, K. OWEN  
Address 200 CENTRAL AVE  
SUITE 00L  
City-State-Zip: ST. PETERSBURG FL 33701

Title CEO, DIRECTOR  
Name WEST, WILLIAM O  
Address 601 BAYSHORE BLVD, STE 900  
City-State-Zip: TAMPA FL 33606

Title PRESIDENT  
Name NEIL, T. COREY  
Address 601 BAYSHORE BLVD., SUITE 900  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR OF OPERATIONS  
Name OLIVER, THOMAS  
Address BLANCHARD BANKING CENTER  
4400 N. ARMENIA AVENUE  
City-State-Zip: TAMPA FL 33603

Title CHIEF CREDIT POLICY OFFICER  
Name DINSMORE, KATHRYN  
Address 601 BAYSHORE BLVD.  
SUITE 900  
City-State-Zip: TAMPA FL 33606

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SUSAN K. MILLER**CORPORATE  
SECRETARY**

08/25/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title CHIEF INFORMATION OFFICER  
Name KRIEG, MIKE  
Address BLANCHARD BANKING CENTER  
4400 N. ARMENIA AVENUE  
City-State-Zip: TAMPA FL 33603

Title HILLSBOROUGH COUNTY MARKET PRESIDENT  
Name GAULT, SCOTT C  
Address 601 BAYSHORE BLVD.  
SUITE 900  
City-State-Zip: TAMPA FL 33606

Title SARASOTA/MANATEE MARKET PRESIDENT  
Name MURPHY, CHARLES O.  
Address 1858 RINGLING BLVD  
SUITE 100  
City-State-Zip: SARASOTA FL 34236

Title CHIEF MARKETING OFFICER  
Name SMITH, JOEL  
Address 601 BAYSHORE BLVD.  
SUITE 900  
City-State-Zip: TAMPA FL 33606

Title CHIEF HUMAN RESOURCES OFFICER  
Name DZILOSKI, GENNA  
Address 601 BAYSHORE BLVD.  
SUITE 900  
City-State-Zip: TAMPA FL 33606

Title MANAGING DIRECTOR - WEALTH  
MANAGEMENT  
Name PITTMAN, STACEY S  
Address 601 BAYSHORE BLVD.  
SUITE 960  
City-State-Zip: TAMPA FL 33606