

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P95000041723**

1. Entity Name

COMMUNITY BANK OF MANATEE**FILED**
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90115 007 ***150.00

Principal Place of Business	Mailing Address
SR 70 EAST FL 34203	6000 SR 70 EAST BRADENTON FL 34203

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3324560	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COOK, MARTHA J., P.A. 100 N. TAMPA STREET SUITE 2100 TAMPA FL 33602	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 _____ (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"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D NAME BAKER, DENISE L M.D. STREET ADDRESS 1000 RIDERSIDE DR. CITY-ST-ZIP PALMETTO FL 34241 <input type="checkbox"/> Delete	TITLE D NAME MOORE, DUANE L STREET ADDRESS 11408 UPPER MANATEE RIVER RD CITY-ST-ZIP BRADENTON, FLORIDA 34202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BROWN, CHARLES M STREET ADDRESS 3703 RIVERVIEW BLVD. WEST CITY-ST-ZIP BRADENTON FL 34205 <input type="checkbox"/> Delete	TITLE D NAME SCHERMER, KENNETH L M.D. STREET ADDRESS 5839 LOS VERDES CT CITY-ST-ZIP BRADENTON, FLORIDA 34210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BURGHARDT, BRIAN D STREET ADDRESS 4802 64TH DRIVE WEST CITY-ST-ZIP BRADENTON FL 34210 <input type="checkbox"/> Delete	TITLE D NAME SPRENGER, THOMAS R M.D. STREET ADDRESS 8221 DESOTO MEMORIAL HWY NW CITY-ST-ZIP BRADENTON, FLORIDA 34209 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BURGHARDT, PHILLIP L STREET ADDRESS 4712 64TH DRIVE WEST CITY-ST-ZIP BRADENTON FL 34210 <input type="checkbox"/> Delete	TITLE P NAME SEDGEMAN, WILLIAM H JR STREET ADDRESS 3404 SHADOWOOD DR CITY-ST-ZIP VALRICO, FLORIDA 33594 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME DOWNS, THOMAS S STREET ADDRESS 2015 79TH ST. N.W. CITY-ST-ZIP BRADENTON FL 34209 <input type="checkbox"/> Delete	TITLE V NAME Mould, Patricia M STREET ADDRESS 1944 FAIRVIEW DR CITY-ST-ZIP ENGLEWOOD, FLORIDA 34223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME HOWZE, THOMAS A STREET ADDRESS 1620 99TH ST. N.W. CITY-ST-ZIP BRADENTON FL 34209 <input type="checkbox"/> Delete	TITLE D NAME BAKER, DENISE L M.D. STREET ADDRESS 3703 RIVERVIEW BLVD W CITY-ST-ZIP BRADENTON, FLORIDA 34205 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: W. J. MANATEE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR2/2/00 941-786-0099
Date Daytime Phone #

CR2E034 (9/99)