

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90009 019 ***150.00

DOCUMENT # 193115

1. Entity Name

COMMUNITY STATE BANK OF STARKE

Principal Place of Business

Mailing Address

811 SOUTH WALNUT STREET
 P. O. BOX 460
 STARKE FL 32091

811 SOUTH WALNUT STREET
 P. O. BOX 460
 STARKE FL 32091-0460

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0795359**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

JOHNS, JEROME
811 S. WALNUT STREET, P.O. DRAWER 460
STARKE FL 32091

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: X

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

(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)

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	AV	<input type="checkbox"/> Delete
NAME	RICHARDSON, EUGENE	
STREET ADDRESS	RT. 1, BOX 184	
CITY-ST-ZIP	GLEN ST. MARY FL	
TITLE	DPC	<input type="checkbox"/> Delete
NAME	JOHNS, JEROME	
STREET ADDRESS	811 S. WALNUT ST., P.O. DRAWER 460	
CITY-ST-ZIP	STARKE, FL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	BENNETT, SHARON	
STREET ADDRESS	RT 1 BOX 541	
CITY-ST-ZIP	LAKE BUTLER, FL 00000	
TITLE	C	<input type="checkbox"/> Delete
NAME	MOSLEY, BARBARA	
STREET ADDRESS	RT 1 BOX 553	
CITY-ST-ZIP	LAKE BUTLER FL	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	HOWARD, W S	
STREET ADDRESS	RT 2 BOX 380	
CITY-ST-ZIP	LAKE BUTLER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-00 904-964-783
 Date Daytime Phone #