

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90062 021 \*\*\*150.00

**DOCUMENT # K36051**

1. Entity Name  
**CNB FLORIDA BANCSHARES, INC.**

Principal Place of Business <b>9715 GATE PARKWAY NORTH          JACKSONVILLE FL 32246</b>	Mailing Address <b>9715 GATE PARKWAY NORTH          JACKSONVILLE FL 32246</b>
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2958616</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>TROWELL, K C</b> <b>9715 GATE PARKWAY NORTH</b> <b>JACKSONVILLE FL 32246</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<b>FL</b>		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. <input checked="" type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
--	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME D TROWELL, K.C.	STREET ADDRESS 8730 EPPING FOREST WAY NORTH CITY-ST-ZIP JACKSONVILLE FL 32217	TITLE NAME D Halcyon E. Skinner	STREET ADDRESS 118 Knotty Pine Trail CITY-ST-ZIP Ponte Vedra Beach, FL 32082
TITLE NAME D BULLARD, AUDREY S	STREET ADDRESS S. HWY. 47, P.O. BOX 766 CITY-ST-ZIP LAKE CITY FL 32055	TITLE NAME D Jon W. Pritchett	STREET ADDRESS 4106 SW 96th DR. CITY-ST-ZIP Gainesville, FL 32608
TITLE NAME D ANDREWS, THOMAS R	STREET ADDRESS 19 SOLANA RD CITY-ST-ZIP PONTE VEDRA BEACH FL 32082	TITLE NAME D K.L. Trowell	STREET ADDRESS 500 Oceanfront CITY-ST-ZIP Neptune Beach, FL 32266
TITLE NAME D PRITCHETT, MARVIN H	STREET ADDRESS 1050 S.E. 6TH ST CITY-ST-ZIP LAKE BUTLER FL 32054		
TITLE NAME D LAND, RAYMON S	STREET ADDRESS HWY 27 E & CRAVEN ST CITY-ST-ZIP BRANFORD FL 32008		
TITLE NAME D STREICHER, WILLIAM J	STREET ADDRESS RT 13 BOX 184 CITY-ST-ZIP LAKE CITY FL 32055		

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: *[Signature]* **4-18-2002**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)