

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90013 007 \*\*\*150.00

**DOCUMENT # S36570**

1. Entity Name  
**CITIZENS FIRST BANK**

Principal Place of Business <b>903 AVENIDA CENTRAL          LADY LAKE FL 32159          US</b>	Mailing Address <b>903 AVENIDA CENTRAL          LADY LAKE FL 32159-5705          US</b>
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3018034</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
		Name <del>T. MICHAEL KILLINGSWORTH</del>
		Street Address (P.O. Box Number is Not Acceptable) <del>903 AVENIDA CENTRAL</del>
		City <b>THE VILLAGES FL 32159</b>

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)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WISE, JOHN F</b> <b>12290 SW 16TH AVE</b> <b>OCALA FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEVINE, MICHAEL S</b> <b>33835 OVERTON DR</b> <b>LEESBUKRG FL</b>	<input type="checkbox"/> Delete	<b>EVP/CFO/SECRETARY</b> <b>T. MICHAEL KILLINGSWORTH</b> <b>903 AVENIDA CENTRAL</b> <b>THE VILLAGES, FL 32159</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CROCKER, JANICE B</b> <b>903 AVENIDA CENTRAL</b> <b>LADY LAKE FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HANEGAN, VICTORIA</b> <b>1100 MAIN STREET</b> <b>LADY LAKE FL</b>	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHWARTZ, HAROLD S</b> <b>1100 MAIN ST</b> <b>LADY LAKE FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RINK, WESLEY W.</b> <b>523 GARRARD DRIVE</b> <b>TEMPLE TERRACE FL</b>	<input type="checkbox"/> Delete	<input 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: T. MICHAEL KILLINGSWORTH 1-13-00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**T. MICHAEL KILLINGSWORTH**