

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 003287

1. Entity Name

APALACHICOLA STATE BANK

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90087 024 \*\*\*150.00

Principal Place of Business

Mailing Address

22 AVENUE E  
APALACHICOLA FL 32320

PO BOX 370  
APALACHICOLA FL 32329-0370  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0145250

Applied For

Not Applicable

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

BRYNJOLFSSON, BARRY  
212 AVE C  
APALACHICOLA FL 32320

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

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 D ☐ Delete  
NAME MILLENDER, FARRIS V  
STREET ADDRESS HWY. 67 NORTH  
CITY-ST-ZIP CARRABELLE FL

TITLE D ☐ Change ☒ Addition  
NAME Shuler, J. Gordon  
STREET ADDRESS 21st Avenue  
CITY-ST-ZIP Apalachicola, FL 32320

TITLE CD ☐ Delete  
NAME GANDER, J.V.  
STREET ADDRESS 999 BLFF ROAD  
CITY-ST-ZIP APALACHICOLA FL

TITLE D ☐ Change ☒ Addition  
NAME Randolph, C. W., Jr.  
STREET ADDRESS 1174 Shipwatch Drive East  
CITY-ST-ZIP Jacksonville, FL 32225

TITLE D ☐ Delete  
NAME BRYANT, ALBERT J  
STREET ADDRESS 56 SCHOOL ROAD  
CITY-ST-ZIP EASTPOINT FL 32328

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GANDER, J V  
STREET ADDRESS 999 BLUFF ROAD  
CITY-ST-ZIP APALACHICOLA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME TAYLOR, AARON  
STREET ADDRESS HWY 98 75TH STREET  
CITY-ST-ZIP EASTPOINT FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BLOODWORTH, LEON R  
STREET ADDRESS 7TH STREET  
CITY-ST-ZIP APALACHICOLA FL 32320

TITLE ☐ Change ☐ Addition  
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 if changed, or on an attachment with an address with another line empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00  
Date

850 653 8805  
Daytime Phone #

CR2E034 (9/99)