

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90290 005 ***150.00

DOCUMENT # 003287

1. Entity Name
APALACHICOLA STATE BANK

Principal Place of Business
22 AVENUE E
APALACHICOLA FLA 32320

Mailing Address
PO BOX 370
APALACHICOLA FL 32329
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, 2001 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 **100 21ST STREET**
 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 **DP** ☐ Change ☒ Addition
 NAME **BRYNJOLFSSON, BARRY**
 STREET ADDRESS **212 AVENUE C**
 CITY-ST-ZIP **APALACHICOLA, FL 32320**

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)