

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90262 006 ***150.00

DOCUMENT # 003385

1. Entity Name

FARMERS AND MERCHANTS BANK

Principal Place of Business

200 E. WASHINGTON STREET
P.O. BOX 340
MONTICELLO FL 32345-0340
US

Mailing Address

200 E. WASHINGTON STREET
P.O. BOX 340
MONTICELLO FL 32345-0340
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

59-0238640

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

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 **CD** ☐ Delete
NAME **CARRAWAY JR, F W**
STREET ADDRESS **233 RIO VISTA DR**
CITY-ST-ZIP **SOPCHOPPY FL 32358**

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

TITLE **VP** ☐ Delete
NAME **JOINER, SANDY M.**
STREET ADDRESS **180 COOPERS POND RD**
CITY-ST-ZIP **MONTICELLO, FL 0**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32344**

TITLE **EVPD** ☐ Delete
NAME **SIMS, R-MICHAEL**
STREET ADDRESS **RT 4 BOX 4186**
CITY-ST-ZIP **MONTICELLO, FL 0**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32344**

TITLE **PD** ☐ Delete
NAME **WRIGHT, L G**
STREET ADDRESS **RT 4**
CITY-ST-ZIP **MONTICELLO, FL 0**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32344**

TITLE **V** ☐ Delete
NAME **WHEELER, T C**
STREET ADDRESS **1500 E PEARL ST**
CITY-ST-ZIP **MONTICELLO, FL 0**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32344**

TITLE **SVP** ☐ Delete
NAME **BOATWRIGHT, JERRY G.**
STREET ADDRESS **RT 1 BOX 111-X**
CITY-ST-ZIP **LMAONT FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **Rt 1 Box 111-X**
CITY-ST-ZIP **Lamont FL 32336**

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:

R. Michael Sims
R. Michael Sims
EVP - Fin.

1-23-01

850-997-2591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)