## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 003878** May 01, 2000 8:00 am Secretary of State 1. Entity Name **QUINCY STATE BANK** 05-01-2000 90418 042 \*\*\*150.00 Mailing Address Principal Place of Business 4 E. WASHINGTON ST. 4 E. WASHINGTON ST. DRAWER 700 DRAWER 700 QUINCY FL 32351 **QUINCY FLA 32353-0700** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-0413850 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LANE, MARK J Street Address (P.O. Box Number is Not Acceptable) RT 2 BOX 187 D QUINCY FL 32351 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PD ☐ Addition TITLE TITLE Delete MAME LANE, MARK J NAME STREET ADDRESS RT 2 BOX 187 D STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP QUINCY FL 32351 Change ☐ Addition ☐ Delete TITLE TITLE **CURRY, JOHN SHAW** NAME NAME STREET ADDRESS STREET ADDRESS 331 NORTH MONROE ST CITY-ST-ZIP CITY-ST-ZIP **QUINCY FL** Change ☐ Addition TITLE TITLE BREEDEN, JACK NAME NAME ROWAN, BRUCE STREET ADDRESS STREET ADDRESS RT. 2, BOX 155 436 N CALHOUN ST. CITY-ST-ZIP CITY-ST-ZIP **QUINCY FL** QUINCY, FL [X] Change\_ Delete TITLE \_\_\_ Addition TITLE **BRENDA SUNDAY** RUDE, GEORGE T NAME NAME STREET ADDRESS 729 SMITHTOWN RD. STREET ADORESS 701 FIRST ST NE CITY-ST-ZIP CITY-ST-ZIP HAVANA FL CHATTAHOOCHEE, FL. 32324 TITLE Change ■ Addition ☐ Delete TITLE NAME SHARPTON, RANDALL NAME STREET ADDRESS RT. 3, BOX 1911 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP QUINCY FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

hereby certify that the information supplied 4th 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 you 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 truster employeered 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 attac

4-13-00 850-875-1000

Daytime Pt