

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 003878

1. Entity Name

QUINCY STATE BANK

Principal Place of Business

4 E. WASHINGTON ST.
DRAWER 700
QUINCY FL 32351

Mailing Address

4 E. WASHINGTON ST.
DRAWER 700
QUINCY FL 32353-0070
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LANE, MARK J
RT 2 BOX 187 D
QUINCY FL 32351

4. FEI Number 59-0413850

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LANE, MARK J	
STREET ADDRESS	RT 2 BOX 187 D	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	D	<input type="checkbox"/> Delete
NAME	CURRY, JOHN SHAW	
STREET ADDRESS	331 NORTH MONROE ST	
CITY-ST-ZIP	QUINCY FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROWAN, BRUCE	
STREET ADDRESS	436 N CALHOUN ST	
CITY-ST-ZIP	QUINCY FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SUNDAY, BRENDA	
STREET ADDRESS	729 SMITHTOWN RD.	
CITY-ST-ZIP	CHATTAHOOCHEE FL 32324	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHARPTON, RANDALL	
STREET ADDRESS	RT. 3, BOX 1911	
CITY-ST-ZIP	QUINCY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

Date

(850) 875-1000

Daytime Phone #

CR2E034 (10/00)

04/26/2001

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90336 028 ***150.00



DO NOT WRITE IN THIS SPACE