

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90058 012 ***150.00

DOCUMENT # 005448

1. Entity Name

COLUMBIA COUNTY BANK

Principal Place of Business

127 W. HILLSBORO ST.
 LAKE CITY FL 32055
 US

Mailing Address

PO BOX 1609
 LAKE CITY FLA 32056
 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 **59-0201970**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GREEN, ROBIN C
127 W. HILLSBORO ST.
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name **Bruce A. Naylor**
 Street Address (P.O. Box Number is Not Acceptable)
127 West Hillsboro Street
 City **Lake City** **FL** Zip Code **32055**

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

Bruce A. Naylor

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

February 14, 2001

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	D	<input type="checkbox"/> Delete
NAME	PAGE, MARTIN S	
STREET ADDRESS	228 E DUVAL STREET	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUMMERS, GORDON P	
STREET ADDRESS	101 LAKE VISTA LN	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, GENEVIEVE S	
STREET ADDRESS	9 DOUGLAS CIRCLE	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GREEN, ROBIN C	
STREET ADDRESS	2250 INGLEWOOD DR	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	GREEN, R L	
STREET ADDRESS	1126 S CHURCH ST	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RONSONET, NORBIE	
STREET ADDRESS	2371 INGLEWOOD DR	
CITY-ST-ZIP	LAKE CITY FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERS, GORDON P	
STREET ADDRESS	101 LAKE VISTA LANE	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, ROBIN C	
STREET ADDRESS	2250 INGLEWOOD DRIVE	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, R.L.	
STREET ADDRESS	1126 S. CHURCH STREET	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	D/VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLINS, MICHAEL	
STREET ADDRESS	ROUTE 8 BOX 875	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAYLOR, BRUCE A	
STREET ADDRESS	2915 LACITA LANE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCAFF, LESTER	
STREET ADDRESS	2200 EAST DUVAL STREET	
CITY-ST-ZIP	LAKE CITY FL 32055	

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:

Bruce A. Naylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 14, 2001 904-752-5646

Date

Daytime Phone #

CR2E034 (10/00)

0448566

Attachment
#005448
D0018389

☒ ADDITION

TITLE: D
NAME: FOREMAN, RONALD
STREET ADDRESS: ROUTE 8 BOX 874
CITY-ST-ZIP: LAKE CITY FL 32055