## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

05448

1. Entity Name

**COLUMBIA COUNTY BANK** 



## FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90102 001 \*\*\*300.00

					<b>/</b>				
Principal Plac	ce of Business	Mailir	ig Address						
127 W. HILLS	SBORO ST.	PO 6	3OX 1609						
LAKE CITY F	L 32055	LAKE	CITY FLA 32056						
us		US			1 16 1 11 1 1 1 1 1 1 1	CHEN ENNI ENGIN BIBBI HAN BIRIN	BIBIT BYBYL BIBIL I	14 <b>0</b> 14 <b>0</b> 70 H 1004	
	Place of Business W Hillsboro Stree		ling Address		1 100111 00111 0	8181 81511 81811 81881 1611 81851 	DIBIS BIBIS BIBIS 1	FIGH BABA ABB	
Suite, Apt			e, Apt. #, etc.		$\dashv$				
011 001						HECK HERE IF MAKIN			
City & Sta Lake	œ City, Florida	City	& State		4. FEI Number 5	9-0201970		oplied For ot Applicable	
Zip	Country	Zip		Country	E Cartificate of Sta	tus Desired	\$8.75 Add	ditional	
32055			:		5. Certificate of Sta		-Fee Require		
	6. Name and Address of C	urrent Register	d Agent		7. Name and Addr	ess of New Registered	Agent		
				Name					
	BRUCE A			Street Addres	Street Address (P.O. Box Number is Not Acceptable) 173 NW Hillsboro Street				
127 W. H	IILLSBORO ST.			173 NW	Hillsboro St	reet			
LAKE CIT	Y FL 32055								
<i>.</i>				City Lake C	itv	FL	Zip Cod	e 5 5	
8. The above	named entity submits this stater	ment for the purp	ose of changing its re-	gistered office or regis	tered agent, or both, in the	ne State of Florida. I am	familiar with.	and accept	
<ul><li>the obligation</li></ul>	tions of registered agent.	In .				1			
SIGNATURE	Mus a.	Magla	Bri	ice A. Navlo	r, President	ant	2003	}	
SIGNATURE	Signature, typed or printed name of registere	ed age and title if app		egistered Agent signature requi		DATE	,,,,,		
F	ILE NOW!!! FEE IS \$150.0	<u> </u>							
	r May 1, 2003 Fee will be \$55					Campaign Financing		O May Be	
	Revenue to Florida Departm				Trust Fun	d Contribution.	☐ Added	I to Fees	
10.	OFFICERS	S AND DIRECTO	RS	11.	ADDITIONS/CHAN	GES TO OFFICERS AN	D DIRECTORS	5 IN 11	
TITLE	D/VC		☐ Delete	TITLE	·		Change	Addition	
NAME	COLLINS, MICHAEL			NAME					
STREET ADDRESS	ROUTE 8 BOX 875			STREET ADDRESS	1				
CITY-ST-ZIP	LAKE CITY FL 32055			CITY-ST-ZIP	-001				
TITLE	D/C		☐ Delete	TITLE	115 1001		Change	Addition	
NAME	SUMMERS, GORDON P			NAME /	719 ' 1./			_	
STREET ADDRESS	101 LAKE VISTA LN			STREET ADDRESS					
CITY-ST-ZIP	LAKE CITY FL 32055			CITY-ST-ZIP	· .				
TITLE" -	P/D		☐ Delete	TITLE		<del></del>	Change	Addition	
NAME	NAYLOR, BRUCE A			NAME				J	
STREET ADDRESS	377 NW FOREST MEADOW	/S AVENUE		STREET ADDRESS					
CITY-ST-ZIP	LAKE CITY FL 32055			CITY-ST-ZIP					
TITLE	D		☐ Delete	TITLE			Change	☐ Addition	
NAME	Green, Robin C			NAME				ĺ	
STREET ADDRESS	2250 INGLEWOOD DR			STREET ADDRESS				}	
CITY-ST-ZIP	LAKE CITY FL 32055			CITY-ST-ZIP					
TITLE	D		☐ Delete	TITLE			☐ Change	Addition	
NAME	GREEN, R L			NAME					
STREET ADDRESS	1126 S CHURCH ST			STREET ADDRESS				1	
CITY-ST-ZIP	LAKE CITY FL 32055		<del></del>	CITY-ST-ZIP					
TITLE	D ·		☐ Delete	TITLE			Change	☐ Addition	
NAME	SCAFF, LESTER			NAME					
STREET ADDRESS	2200 EAST DUVAL STREET	•		STREET ADDRESS					
CITY-ST-ZIP	LAKE CITY FL 32055			CITY-ST-ZIP				<b>\</b>	
	certify that the information supplier on this report or supplemental re		<del> </del>	l					

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bruce A. Naylor, President

<u>386-7</u>54-8888

Daytime Phone #

Attachment 55001208

Columbia County Bank Second Page – Item #11

D Nelson, Genevieve S. 1859 SW Paloma Court Lake City, FL 32025

D Page, Martin S 228 East Duval Street Lake City, FL 32055

D Ronsonet, Norbie 2371 Inglewood Drive Lake City, FL 32055

D Foreman, Ron Route 8 Box 874 Lake City, FL 32055 --------