

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 19, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 006266**1. Entity Name  
**THE PERKINS STATE BANK**

## Principal Place of Business

301 E NOBLE AVENUE

WILLISTON  
32696

FL

## Mailing Address

301 E NOBLE AVENUE

WILLISTON  
32696

FL

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

**59-0399830**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**ETHERIDGE, G. FRANK**  
14471 NE 20TH STWILLISTON  
32696

FL

## 7. Name and Address of New Registered Agent

Name

**ETHERIDGE FRANK**

Street Address (P.O. Box Number is Not Acceptable)

301 E NOBLE AVE

City  
WILLISTON

FL

Zip Code  
32696

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 **FRANK ETHERIDGE****01/19/2001**

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 S ☐ Delete  
NAME CARLISLE JANICE L  
STREET ADDRESS 19150 SE 3RD ST  
CITY-ST-ZIP WILLISTON FL 32696TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☐ Delete  
NAME WHITEHURST, DAN E  
STREET ADDRESS 20551 NE 75TH ST  
CITY-ST-ZIP WILLISTON FL 32696TITLE D ☒ Change ☐ Addition  
NAME WHITEHURST DAN E  
STREET ADDRESS 20551 NE 75TH ST  
CITY-ST-ZIP WILLISTON FL 32696TITLE D ☐ Delete  
NAME BREEDEN, LOUISE B.  
STREET ADDRESS US 41, ROUTE 4  
CITY-ST-ZIP WILLISTON FLTITLE D ☒ Change ☐ Addition  
NAME BREEDEN LOUISE  
STREET ADDRESS US 41, ROUTE 4  
CITY-ST-ZIP WILLISTON FLTITLE PCD ☐ Delete  
NAME ETHERIDGE, G. FRANK  
STREET ADDRESS 14471 NE 20TH ST  
CITY-ST-ZIP WILLISTON FL 32696TITLE PCD ☒ Change ☐ Addition  
NAME ETHERIDGE FRANK  
STREET ADDRESS 14471 NE 20TH ST  
CITY-ST-ZIP WILLISTON FL 32696TITLE D ☐ Delete  
NAME ARNOLD BETTY  
STREET ADDRESS 211251  
CITY-ST-ZIP WILLISTON FL 32696TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☐ Delete  
NAME SANDLIN ARTHUR  
STREET ADDRESS 18450 NE 60TH ST  
CITY-ST-ZIP WILLISTON FL 32696TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: **Frank Etheridge**

CEO

01/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)