# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 26, 2001 8:00 am**
**Secretary of State**
04-26-2001 90126 039 ***150.00

DOCUMENT # 011537

1. Entity Name

FIRST BANK OF CLEWISTON

| Principal Place of Business | Mailing Address |
|---|---|
| 300 E. SUGARLAND HIGHWAY<br>P.O. BOX 1237<br>CLEWISTON FL 33440 | 300 E. SUGARLAND HIGHWAY<br>P.O. BOX 1237<br>CLEWISTON FL 33440 |

DO NOT WRITE IN THIS SPACE

| 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 59-0242465 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| COUSE, MILLER<br>227 EAST CRESCENT DRIVE<br>CLEWISTON FL 33440 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City / 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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>KURTZ, HOWARD E.<br>216 W. DEL MONTE AVE.<br>CLEWISTON FL | XX Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Thomas C Perry Jr<br>PO Box 145<br>Clewiston FL 33440 | ☐ Change XX Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RIDGDILL, MORRIS<br>209 CYPRESS AVENUE<br>CLEWISTON FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>COUSE, MILLER<br>227 W. CRESCENT AVENUE<br>CLEWISTON FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TERRILL, JAMES E.<br>1045 PALMETTO AVENUE<br>CLEWISTON FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPST<br>WOOD, RANDALL N<br>S R 720<br>CLEWISTON FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>EDWARDS, EARL E 111<br>325 E DEL MONTE AVE<br>CLEWISTON FL 33440 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (10/00)

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: Randall N. Wood Randall N Wood 04/13/01 863 983 8191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #