

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 011537**

1. Entity Name

FIRST BANK OF CLEWISTON

Principal Place of Business

**300 E. SUGARLAND HIGHWAY
P.O. BOX 1237
CLEWISTON FL 33440**

Mailing Address

**300 E. SUGARLAND HIGHWAY
P.O. BOX 1237
CLEWISTON FL 33440**

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

**COUSE, MILLER
227 EAST CRESCENT DRIVE
CLEWISTON FL 33440**

7. Name and Address of New Registered Agent

Name

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

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 re-registering)

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	CD	☒ Delete
NAME	KURTZ, HOWARD E.	
STREET ADDRESS	216 W. DEL MONTE AVE.	
CITY-ST-ZIP	CLEWISTON FL	

TITLE	D	☐ Delete
NAME	RIDGDILL, MORRIS	
STREET ADDRESS	209 CYPRESS AVENUE	
CITY-ST-ZIP	CLEWISTON FL	

TITLE	PD	☐ Delete
NAME	COUSE, MILLER	
STREET ADDRESS	227 W. CRESCENT AVENUE	
CITY-ST-ZIP	CLEWISTON FL	

TITLE	D	☐ Delete
NAME	TERRILL, JAMES E.	
STREET ADDRESS	1045 PALMETTO AVENUE	
CITY-ST-ZIP	CLEWISTON FL	

TITLE	VPST	☐ Delete
NAME	WOOD, RANDALL N	
STREET ADDRESS	S R 720	
CITY-ST-ZIP	CLEWISTON FL	

TITLE	D	☐ Delete
NAME	EDWARDS, EARL E 111	
STREET ADDRESS	325 E DEL MONTE AVE	
CITY-ST-ZIP	CLEWISTON FL 33440	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	☐ Change ☒ Addition
NAME	Thomas C Perry Jr	
STREET ADDRESS	PO Box 145	
CITY-ST-ZIP	Clewiston FL 33440	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

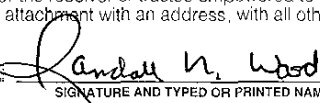
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ 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


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Randall N Wood****04/13/01****863 983 8191**

Date

Daytime Phone #

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90126 039 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0242465**

Applied For

Not Applicable

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

CR2E034 (10/00)