

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 018026

1. Entity Name

WEWAHITCHKA STATE BANK

FILED

00 JAN 25 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

125 N. HWY 71  
WEWAHITCHKA FL 33465  
US

POST OFFICE BOX 100  
WEWAHITCHKA FL 32465-0100  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0506660

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

PARIS, VIVIAN  
200 BRADLEY PLACE  
WEWAHITCHKA FL 32465

Name: William C Sumner  
Street Address (P.O. Box Number is Not Acceptable): One Idlewood Drive  
City: Wewahitchka, FL  
Zip Code: 32465

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, 2000 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. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D  
NAME: PARIS, VIVIAN  
STREET ADDRESS: 1010 OLD DAIRY FARM RD  
CITY-ST-ZIP: WEWAHITCHKA FL 32465 ☒ Delete

TITLE: President  
NAME: William C Sumner  
STREET ADDRESS: One Idlewood Drive  
CITY-ST-ZIP: Wewahitchka, FL 32465 ☐ Change ☒ Addition

TITLE: VD  
NAME: TRAYLOR, JAN G.  
STREET ADDRESS: HWY 71  
CITY-ST-ZIP: WEWAHITCHKA FL ☐ Delete

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

TITLE: D  
NAME: CATHEY, WILLIAM A  
STREET ADDRESS: RT 3, BOX 136 A-1  
CITY-ST-ZIP: PORT ST JOE FL ☐ Delete

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

TITLE: D  
NAME: CORE, GEORGE  
STREET ADDRESS: 202 8TH STREET  
CITY-ST-ZIP: PORT ST. JOE FL ☐ Delete

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

TITLE: CEO  
NAME: GASKIN, JERALD D  
STREET ADDRESS: 137 W 5TH ST  
CITY-ST-ZIP: WEWAHITCHKA FL ☐ Delete

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

TITLE: VP  
NAME: HUSBAND, CAROLYN M  
STREET ADDRESS: 1010 OLD DAIRY FARM ROAD  
CITY-ST-ZIP: WEWAHITCHKA FL 32465 ☐ Delete

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

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

Date

Daytime Phone #