

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90058 039 ***150.00

DOCUMENT # 018026

1. Entity Name

WEWAHITCHKA STATE BANK

Principal Place of Business

**125 N. HWY 71
WEWAHITCHKA FL 33465
US**

Mailing Address

**POST OFFICE BOX 100
WEWAHITCHKA FL 32465
US**

C0017012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-0506660**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SUMNER, WILLIAM C
ONE IDLEWOOD DRIVE
WEWAHITCHKA FL 32465**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

TITLE **PD** ☐ Delete
NAME **SUMNER, WILLIAM C**
STREET ADDRESS **ONE IDLEWOOD DRIVE**
CITY-ST-ZIP **WEWAHITCHKA FL 32465**

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

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

Date

Daytime Phone #

CR2E034 (10/00)