

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90026 017 \*\*\*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**

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

**59-0506660**

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

**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, 2002 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	<input type="checkbox"/> Delete
NAME	<b>SUMNER, WILLIAM C</b>	
STREET ADDRESS	<b>ONE IDLEWOOD DRIVE</b>	
CITY-ST-ZIP	<b>WEWAHITCHKA FL 32465</b>	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	<b>TRAYLOR, JAN G.</b>	
STREET ADDRESS	<b>HWY 71</b>	
CITY-ST-ZIP	<b>WEWAHITCHKA FL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>CATHEY, WILLIAM A</b>	
STREET ADDRESS	<b>RT 3, BOX 136 A-1</b>	
CITY-ST-ZIP	<b>PORT ST JOE FL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>CORE, GEORGE</b>	
STREET ADDRESS	<b>202 8TH STREET</b>	
CITY-ST-ZIP	<b>PORT ST. JOE FL</b>	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	<b>GASKIN, JERALD D</b>	
STREET ADDRESS	<b>137 W 5TH ST</b>	
CITY-ST-ZIP	<b>WEWAHITCHKA FL</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>HUSBAND, CAROLYN M</b>	
STREET ADDRESS	<b>1010 OLD DAIRY FARM ROAD</b>	
CITY-ST-ZIP	<b>WEWAHITCHKA FL 32465</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Traylor, JAN G	
STREET ADDRESS	Hwy 71 P O Box 53	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

**3/18/02 850-689-2222**

CR2E034 (9/01)