

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90040 007 ***150.00

DOCUMENT # 018245

1. Entity Name
PCB, THE COMMUNITY BANK

Principal Place of Business 5408 TENTH STREET MALONE FL	Mailing Address 5408 TENTH STREET MALONE FL
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 59-0238485	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RICKEY E. STUCKEY
5408 TENTH STREET
MALONE, FLORIDA 32445

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 *Rickey E. Stuckey* **Rickey E. Stuckey, CEO** **March 27, 2000**
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STUCKY, RICKY ROUTE 5, BOX 1205 DONALSONVILLE GA 31745	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stuckey, Rickey Route 5 Box 1205 Donalsonville, GA 31745
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODGERS, JIMMY J 5135 9TH AVENUE MALONE FL 32445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rodgers, Jimmy J. 5135 9th Avenue Malone, FL 32445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, ROBERT A 4650 THE OAKS DRIVE MARIANNA FL 32446	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jackson, Robert A. 4650 The Oaks Drive Marianna, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, K.W. 5388 10TH STREET MALONE FL 32445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDON, GREEN JR 5305 10TH STREET MALONE FL 32445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: *Rickey E. Stuckey* **3/27/00** **912-758-8822**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)