2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 08:00 AM
Secretary of State

DOCUMENT # 018266

1. Entity Name
LAFAYETTE COUNTY STATE BANK

Principal Place of Business	Mailing Address
MAIN STREET	MAIN STREET
P.O. BOX 108	P.O. BOX 108
MAYO FL	MAYO FL
32066	32066

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0549169 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERTS JAMES A
MAIN AND LAFAYETTE STREET
MAYO FL
32066 US

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 _____ 05/01/2001
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROFT W GJR PARK & HART STREET MAYO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROFT W GJR P O BOX 1480 MAYO FL 32066	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERTS S.O. 1308 N.E. 9TH STREET GAINESVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD ROBERTS SIDNEY O 1308 NE 9TH STREET GAINESVILLE FL 32601	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD ROBERTS JAMES A 2807 NW 142 AVE GAINESVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPDS ROBERTS JAMES A 2807 NW 142 AVE GAINESVILLE FL 32609	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS. R R RT 2 BOX 249 MAYO FL 32066	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS REYNOLDS R RT 2 BOX 105 MAYO FL 32066	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEWETT JOHN C COUNTRY RD 400 MAYO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEWETT JOHN C P O BOX 582 MAYO FL 32066	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD WILLIAMS VIDA MAIN STRET MAYO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD WILLIAMS VIDA R P O BOX 38 MAYO FL 32066	☒ Change ☐ Addition

CR2E034 (11/00)

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: James A Roberts VPDS 05/01/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RITA L HOWDESHELL, AVP

P O BOX 893
MAYO, FL 32066

LYNETTE R ELLIS, AVP

RT 2, BOX 580
MAYO, FL 32066

WILLIAM M PRIMM, VP

RT 4, BOX 1848
MADISON, FL 32340

MICHAEL H SHAW , DIRECTOR
P O BOX 357

MAYO, FL 32066