## 2003 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT# 018266**

Entity Name: LAFAYETTE STATE BANK

FILED Apr 07, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** MAIN STREET 340 W MAIN STREET P.O. BOX 108 P.O. BOX 108 MAYO, FL 32066 MAYO, FL 32066 **New Mailing Address: Current Mailing Address:** MAIN STREET 340 W MAIN STREET P.O. BOX 108 P.O. BOX 108 MAYO, FL 32066 MAYO, FL 32066 FEI Number: 59-0549169 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBERTS, JAMES A ROBERTS, JAMES A MAIN AND LAFAYETTE STREET 340 W MAIN STREET MAYO, FL 32066 MAYO, FL 32066 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: 04/07/2003 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PCD () Delete Title: PDS (X) Change ( ) Addition WILLIAMS, VIDA R ROBERTS, JAMES A Name: Name: P O BOX 38 2807 NW 142 AVENUE Address: Address: City-St-Zip: MAYO, FL 32066 City-St-Zip: GAINESVILLE, FL 32609 Title: Title: () Delete () Change () Addition Name: HEWETT, JOHN C Name: P O BOX 582 Address: Address: MAYO, FL 32066 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition WILLIAMS, REYNOLDS R Name: Name: RT 2 BOX 105 Address: Address: City-St-Zip: MAYO, FL 32066 City-St-Zip: Title: **VPDS** ( ) Delete Title: (X) Change ( ) Addition ROBERTS, JAMES A SHAW, MICHAEL H Name: Name: Address: 2807 NW 142 AVE Address: P.O. BOX 357 City-St-Zip: GAINESVILLE, FL 32609 City-St-Zip: MAYO, FL 32066 Title: VCD Title: (X) Change ( ) Addition ( ) Delete ROBERTS, SIDNEY O ROBERTS, SIDNEY O Name: Name: 1308 NE 9TH STREET Address: 1308 NE 9TH STREET Address: City-St-Zip: GAINESVILLE, FL 32601 City-St-Zip: GAINESVILLE, FL 32601 Title: () Delete Title: () Change () Addition CROFT, W G JR Name: Name: P O BOX 1480 Address: Address: City-St-Zip: City-St-Zip: MAYO, FL 32066

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A ROBERTS PDS 04/07/2003

WILLIAM M PRIMM, SR VICE PRESIDENT RT 4 BOX 1848 MADISON FL, 32340