

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 018277

1. Entity Name
CITIZENS BANK OF OVIEDO

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90055 036 ***150.00

Principal Place of Business
156 GENEVA DR
PO BOX 620729
OVIEDO FL 32762-0729
US

Mailing Address
PO BOX 620729
OVIEDO FL 32762-0729
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-0557762		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LEE, RICHARD H 1055 BRUMLEY RD CHULUOTA FL 32768				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (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. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	OLLIFF, PENNIE M		NAME	Complete Listing Attached			
STREET ADDRESS	603 N CENTRAL AVE.		STREET ADDRESS				
CITY-ST-ZIP	OVIEDO FL		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WHITE, GALE		NAME				
STREET ADDRESS	655 ROCHESTER ST		STREET ADDRESS				
CITY-ST-ZIP	OVIEDO FL		CITY-ST-ZIP				
TITLE	AC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	KLUKIS, FLO-ANN		NAME				
STREET ADDRESS	800 TEMPLE TERRACE		STREET ADDRESS				
CITY-ST-ZIP	OVIEDO FL		CITY-ST-ZIP				
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WHEELER, B F JR		NAME				
STREET ADDRESS	P O BOX 220		STREET ADDRESS				
CITY-ST-ZIP	OVIEDO FL		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	VARGO, TERRY		NAME				
STREET ADDRESS	2796 GOLDENROD RD		STREET ADDRESS				
CITY-ST-ZIP	WINTER PARK FL		CITY-ST-ZIP				
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MOORE, PAULA		NAME				
STREET ADDRESS	736 INNSBRUCK DR		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		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: Richard H. Lee Richard H. Lee, President 3/19/01 (407) 365-6611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

636916
attachment
04018277

CITIZENS BANK OF OVIEDO
(COMPLETE LISTING)

OFFICERS

LEE, RICHARD	PRESIDENT/CEO	1055 BRUMLEY RD	CHULUOTA, FL.
MOORE, PAULA	V. P. /CONTROLLER/CASHIER		
	SECRETARY/BOARD	736 INNSBRUCK DR.	ORLANDO, FL
VARGO, TERRY	VP/LOAN MANAGER	2796 GOLDENROD RD.	WINTER PARK, FL.
DON DRUMMER	CHIEF OPERATIONS OFF.	169 EASTON CIR.	OVIEDO, FL
KLUKIS, FLO-ANN	AUDITOR/COMPLIANCE	800 TEMPLE TERRACE	OVIEDO, FL
AULIN, LIZ	VP	2389 PENNSYLVANIA AVE.	OVIEDO, FL
JOHN ACKLEY	ASST. VP/LOAN OFFICER	3443 ALLSTON LANE	WINTER PARK, FL.
CATHY DURR	VP/RESID. LOAN OFFICER	2327 EKANA DRIVE	OVIEDO, FL.
EDWARD CARRAWAY	ASST. VP LOAN OFFICER	1190 POST LAKE PL.#114	APOPKA, FL.
PEGGY BANKSTON	SECURITY OFFICER	1871 CURRYVILLE RD.	CHULUOTA, FL.
HAYES, FRAN	ASST. VP/LOAN OFFICER	1613 BOB WHITE TRL.	CHULUOTA FL
HURLEY, NANCY	HUMAN RESOURCES OFFICER	P. O. BOX 620751	OVIEDO, FL
FUNKE, REBECCA	BRANCH MGR	890 FT. CHRISTMAS RD.	CHULUOTA, FL
TIM SLATTERY	V.P./ BUSINESS DEV.	3889 WATERVIEW LOOP	WINTER PARK, FL.
JOAN SANTOS	ASST. CASHIER/BKGG OFF.	1000 GORE DR	OVIEDO FL
SUSIE PIEPER	ASST. BRANCH MGR.	501 LAKE MILLS RD	CHULUOTA FL
TIFFANY BROOME	ASST. OPERATIONS OFF.	2567 S. COUNTY RD 419	CHULUOTA FL
FRANCINE STUCKY	LOAN OPERATIONS SUPER.	451 E. 6TH ST.	CHULUOTA FL
HEIDI DREHER	ASST. CASHIER	295 HART RD.	GENEVA FL.

DIRECTORS

WHEELER, B.F., JR.	CHAIRMAN	6065 LAKE CHARM CIR.	OVIEDO, FL.
		P.O. BOX 620220	
ONDICK, EDWARD	VICE CHAIRMAN	989 GREENTREE DR.	WINTER PARK, FL.
LUKAS, JONATHAN		2340 PINE STREET	OVIEDO, FL.
CONLEY, JOHNIE, III		636 S. LAKE JESSUP AVE.	OVIEDO, FL.
BLACKWOOD, BERNARD		381 MAPLE COURT	OVIEDO, FL.
		P.O. BOX 620852	
RICHARD H. LEE	PRESIDENT	1055 BRUMLEY ROAD	CHULUOTA, FL.
PENNIE M. OLLIFF		603 N. CENTRAL AVE.	OVIEDO, FL.
		P.O. BOX 620535	
ROBERT G. MARTIN		395 OLD MIMS ROAD	GENEVA, FL.
LOUIS P. TULP		4000 CURRYVILLE ROAD	CHULUOTA, FL
		P. O. BOX 621024	OVIEDO, FL.
DONALD JACOBS		2440 CURRYVILLE ROAD	CHULUOTA, FL.