

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90907 017 \*\*\*150.00

0600482 AT

**DOCUMENT # 018278**

1. Entity Name

**DUNNELLON STATE BANK**

Principal Place of Business

**11472 N. WILLIAMS STREET  
DUNNELLON FL 34432  
US**

Mailing Address

**P.O. BOX 1189  
DUNNELLON FL 34430-1189  
US**

2. Principal Place of Business

**11472 N. WILLIAMS STREET P.O. BOX 1189**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. BOX 1189**

Suite, Apt. #, etc.

City & State

**DUNNELLON, FLORIDA**

City & State

**DUNNELLON, FLORIDA**

Zip

**34432**

Country

**U.S.**

Zip

**34430-1189**

Country

**U.S.**

4. FEI Number

**59-0551252**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐ -

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**EMERSON, C JERRY**

**11472 N. WILLIAMS STREET**

**DUNNELLON FL 34432**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>BRANNEN, GEORGE H II</b> <b>PLEASANT GROVE RD</b> <b>INVERNESS FL 34451</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>BRANNEN, JOSEPH S</b> <b>1822 KIMBERLY LANE</b> <b>INVERNESS FL 34451</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PREIS, WILLIAM E</b> <b>20025 SW 80 PLACE RD</b> <b>DUNNELLON FL 34432</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROWN, DUMAS JR</b> <b>291 S. GARDENIA TERRACE</b> <b>CRYSTAL RIVER FL 34429</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>EMERSON, JERRY C</b> <b>11475 E BLUE COVE DRIVE</b> <b>DUNNELLON FL 34432</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPC</b> <b>ELLIS, BEN C JR</b> <b>1071 W PRISCILLA PLACE</b> <b>DUNNELLON FL 34434</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**SEE ATTACHMENT**

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]*

**MARCH 25, 2002**

**352/ 489-2466**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**C. JERRY EMERSON - PRESIDENT**

Date

Daytime Phone #

CR2E034 (9/01)

DOC#  
Attachment: 018278  
Question #11 - Officers

Title: Vice President  
Name: Marriott, Shirley  
Address: 1109 S. Fieldview  
City-St-Zip: Lecanto, FL 34461

Title: Vice President  
Name: Gysan, Earl W.  
Address: P.O. Box 942  
City-St-Zip: Floral City, FL 34436-0942

Title: Assistant Cashier  
Name: Chapman, Suzette E.  
Address: 12991 SE 98th Lane  
City-St-Zip: Dunnellon, FL 34431

Title: Loan Operations Officer  
Name: Johnston, Kathie L.  
Address: 8271 SW 200 Court  
City-St-Zip: Dunnellon, FL 34431