

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 018316**

1. Entity Name

**PEOPLES STATE BANK OF GROVELAND****FILED****Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90027 030 \*\*\*150.00

Principal Place of Business

**200 E. BROAD ST.  
GROVELAND FL 34736-2504**

Mailing Address

**PO BOX 38  
GROVELAND FL 34736-0038  
US**

024321



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-0605832**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FAIRCHILD, JOE E JR  
200 E BROAD ST  
GROVELAND FL 34736**

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, 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	CD	BAILEY, DONALD B	8510 BAILEY DRIVE CLERMONT FL 34711	<input type="checkbox"/>		D	Stephen W. Parrish	1340 Highway 27 Clermont, FL 34711	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	D	LEININGER, BOB L.	P.O. BOX 494 N/A GROVELAND FL 34736	<input type="checkbox"/>		PD	Wayne M. Turner	11119 Preston Cove Road Clermont, FL 34711	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	D	GERACI, JANIE	1143 S KANSAS AVE GROVELAND FL	<input type="checkbox"/>		VP	Peggy Sue Brinkley	1366 Tierra Circle Winter Park, FL 32792	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	D	MCLIN, MARK I	1910 BRANTLEY CIRCLE CLERMONT FL	<input type="checkbox"/>		VP	Dan Summerlin	2221 Amherst Lane Mt. Dora, FL 32757	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	D	RICE, JEFFERY A	PO BOX 87 NA GROVELAND FL	<input type="checkbox"/>		VP	W. Wayne Sittler	10523 Jardim De Largo Clermont, FL 34711	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	D	FAIRCHILD, JOE E., JR.	470 EAST WALDO STREET GROVELAND FL 34736	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 lists empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wayne M. Turner

03/13/00

Date

(352)429-2131

Daytime Phone #