

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90161 025 \*\*\*150.00

**DOCUMENT # 018316**

1. Entity Name  
**PEOPLES STATE BANK OF GROVELAND**



Principal Place of Business  
**200 E. BROAD ST.  
GROVELAND FL 34736-2504**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0605832**

Applied For

Not Applicable

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

**TURNER, WAYNE M  
1820 HIGHWAY 27 SOUTH  
CLERMONT FL 34711**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Wayne M. Turner, President & CEO**

**2/18/03**

Signature, typed or printed name of registered agent, and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **CD** ☐ Delete  
STREET ADDRESS **BAILEY, DONALD B**  
CITY-ST-ZIP **8510 BAILEY DRIVE  
CLERMONT FL 34711**

TITLE  
NAME **D** ☐ Change ☒ Addition  
STREET ADDRESS **John H. Holcomb, III**  
CITY-ST-ZIP **56 Country Club Blvd.  
Birmingham, AL 35213**

TITLE  
NAME **D** ☐ Delete  
STREET ADDRESS **LEININGER, BOB L.**  
CITY-ST-ZIP **P.O. BOX 494 N/A  
GROVELAND FL 34736**

TITLE  
NAME **P/D** ☐ Change ☒ Addition  
STREET ADDRESS **Wayne M. Turner**  
CITY-ST-ZIP **11119 Preston Cove Road  
Clermont, FL 34711**

TITLE  
NAME **D** ☐ Delete  
STREET ADDRESS **GERACI, JANIE**  
CITY-ST-ZIP **1143 S KANSAS AVE  
GROVELAND FL**

TITLE  
NAME **Senior VP** ☐ Change ☒ Addition  
STREET ADDRESS **Peggy Sue Brinkley**  
CITY-ST-ZIP **1366 Tierra Circle  
Winter Park, FL 32792**

TITLE  
NAME **D** ☐ Delete  
STREET ADDRESS **MCLIN, MARK I**  
CITY-ST-ZIP **1910 BRANTLEY CIRCLE  
CLERMONT FL**

TITLE  
NAME **Senior VP** ☐ Change ☒ Addition  
STREET ADDRESS **W. Wayne Sittler**  
CITY-ST-ZIP **10523 Jardim De Largo  
Clermont, FL 34711**

TITLE  
NAME **D** ☐ Delete  
STREET ADDRESS **RICE, JEFFERY A**  
CITY-ST-ZIP **PO BOX 67 NA  
GROVELAND FL**

TITLE  
NAME **Executive VP** ☐ Change ☒ Addition  
STREET ADDRESS **Dan Summerlin**  
CITY-ST-ZIP **2619 Shoemaker Lane  
Mt. Dora, FL 32712**

TITLE  
NAME **D** ☐ Delete  
STREET ADDRESS **PARRISH, STEPHEN W**  
CITY-ST-ZIP **1340 HIGHWAY 27  
CLERMONT FL 34711**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Wayne M. Turner**

**2/18/03**

Date

**(352) 429-2131**

Daytime Phone #

CR2E034 (10/02)