

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90079 047 \*\*\*150.00

**DOCUMENT # 209089**

1. Entity Name

**THE CITIZENS BANK OF PERRY**

Principal Place of Business

Mailing Address

100 N. ORANGE ST.  
 PERRY FL 32347  
 US

P.O BOX 1247  
 PERRY FLA 32348-1247  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0828474**

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

**DICKERT, JERRY D**  
**100 N. ORANGE ST.**  
**PERRY FL 32347-2741**

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  Delete  
 NAME **VP WILDE, THOMAS W**  
 STREET ADDRESS **295 E PALMER MILL RD**  
 CITY-ST-ZIP **MONTICELLO FL**

TITLE  Change  Addition  
 NAME **Vice President Randy Herndon**  
 STREET ADDRESS **302 Dogwood Way**  
 CITY-ST-ZIP **Perry, Florida 32347**

TITLE  Delete  
 NAME **PD BROOKS, ROGER**  
 STREET ADDRESS **105 WORLEY WAY**  
 CITY-ST-ZIP **PERRY FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VP- BROOKS, MARVIN K**  
 STREET ADDRESS **309 GLENRIDGE RD**  
 CITY-ST-ZIP **PERRY FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D HICKS, MARSHALL**  
 STREET ADDRESS **400 E ASH STREET**  
 CITY-ST-ZIP **PERRY FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **CBD DICKERT, JERRY**  
 STREET ADDRESS **417 PLANTATION RD.**  
 CITY-ST-ZIP **PERRY FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VP CRUCE, JENNIFER**  
 STREET ADDRESS **100 N. ORANGE ST.**  
 CITY-ST-ZIP **PERRY FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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:

*Thomas Wakefield Wilde*  
**Thomas Wakefield Wilde**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/00

Date

850-584-4411

Daytime Phone #

CF 034 (MAR)