

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90090 043 ***150.00

AV 9283930

DOCUMENT # 229926

1. Entity Name

FIRST BANK OF INDIANTOWN

Principal Place of Business

**15588 S W WARFIELD BLVD
 P O BOX 365
 INDIANTOWN FL 34956**

Mailing Address

**15588 S W WARFIELD BLVD
 P O BOX 365
 INDIANTOWN FL 34956**

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

59-0879274

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**APPLETON, EDWARD C.
 15588 SW WARFIELD BLVD
 INDIANTOWN FL 34956**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **SV CULBERSON, BARBARA**
 STREET ADDRESS **155SE 36TH TERR.**
 CITY-ST-ZIP **OKEECHOBEE FL**

TITLE Change Addition
 NAME **SV Beisler, Nikki**
 STREET ADDRESS **2024 SW BriarOak Trail**
 CITY-ST-ZIP **Palm City, FL 34990**

TITLE Delete
 NAME **DC POST, JR. R**
 STREET ADDRESS **1130 SW CHAPMAN WAY, #509**
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **OP APPLETON, EDWARD C.**
 STREET ADDRESS **15588 SW WARFIELD BLVD.**
 CITY-ST-ZIP **INDIANTOWN FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **AV CHILSON, MILDRED**
 STREET ADDRESS **SPRING HAVEN ESTATES**
 CITY-ST-ZIP **INDIANTOWN FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Nikki Beisler* **Nikki Beisler**

Edward C. Appleton, President & CEO

1-14-2002 561-597-2181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)