

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **371597**

1. Entity Name

GULF STATE COMMUNITY BANK

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90036 007 ***150.00

0568791 AT

Principal Place of Business

Mailing Address

**NORTHWEST CORNER OF US HWY. 98
(US 319) AND SECOND STREET
CARRABELLE FL**

**P O BOX GG
(US 319) AND SECOND STREET
CARRABELLE FL 32322
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1309253

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

**ROBISON, JANE
GULF STATE BANK
73RD AVENUE E P.O. BOX 488
APALACHICOLA FL 32329**

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 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CHAR
BUTLER, JOE W.
HC 62 BOX 38
CARRABELLE FL 32322** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Flowers, Bruford
339 Hwy 98
Eastpoint, FL 32328** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
BUTLER, CLIFF
N. BAYSHORE DRIVE
EASTPOINT FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Watkins, J. Ben
103 Marine Street
Carrabelle, FL 32322** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BURDA, JOHN L.
US 98
CARRABELLE FL** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HOWELL, ROBERT L.
15 ADAMS ST.
APALACHICOLA FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JACKSON, GEORGE
OWENS AVENUE
CARRABELLE FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHORBA, NANCY V.
2312 TALLY HO ST.
ST GEORGE ISLAND FL 32328** ☐ Delete

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

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: *Lila Jane Robison* **805-850-697-3395**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **1/18/02** Daytime Phone #

CR2E034 (9/01)