

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 11, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 392679**1. Entity Name  
**BANK OF PENSACOLA**

## Principal Place of Business

7150 N 9TH AVENUE

PENSACOLA  
325247885

FL

## Mailing Address

P.O. BOX 12966

PENSACOLA  
325912966

FL

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

**59-1378561**

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

**YOUD, JOSEPH R., JR.**  
**400 WEST GARDEN STREET**PENSACOLA  
32501

US

FL

## 7. Name and Address of New Registered Agent

Name

**YOUD JOSEPH RJR**

Street Address (P.O. Box Number is Not Acceptable)

**400 WEST GARDEN STREET**City  
**PENSACOLA****FL**Zip Code  
**32501**

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 **JOSEPH R. YOUD., JR****04/11/2001**

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, 2001 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	VP	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, SARAH L.</b>	
STREET ADDRESS	<b>7725 LEGRANDE DR.</b>	
CITY-ST-ZIP	<b>PENSACOLA, FL 0 32504</b>	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	<b>YOUD, JOSEPH R. JR.</b>	
STREET ADDRESS	<b>50 HIGHPOINT DR.</b>	
CITY-ST-ZIP	<b>GULF BREEZE FL 32561</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>WADE PAMELA E.</b>	
STREET ADDRESS	<b>3360 ALYSHEBA DR</b>	
CITY-ST-ZIP	<b>CANTONMENT FL 32533</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>SCHUBERT ASHLEY HJR</b>	
STREET ADDRESS	<b>1815 E STRONG ST</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	<b>FAIR, ROBERT L.</b>	
STREET ADDRESS	<b>1510 BAYSHORE DR</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	
TITLE	CP	<input type="checkbox"/> Delete
NAME	<b>TAYLOR, W LUTHER</b>	
STREET ADDRESS	<b>4641 CANOPY ROAD</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32504</b>	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS SARAH L</b>	
STREET ADDRESS	<b>7725 LEGRANDE DR.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32504</b>	
TITLE	EVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUD JOSEPH RJR</b>	
STREET ADDRESS	<b>50 HIGHPOINT DR.</b>	
CITY-ST-ZIP	<b>GULF BREEZE FL 32561</b>	
TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WADE PAMELA E</b>	
STREET ADDRESS	<b>3360 ALYSHEBA DR</b>	
CITY-ST-ZIP	<b>CANTONMENT FL 32533</b>	
TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHUBERT ASHLEY HJR</b>	
STREET ADDRESS	<b>920 FAIRWAY DR.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	
TITLE	EVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FAIR ROBERT L</b>	
STREET ADDRESS	<b>1510 BAYSHORE DR</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	
TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR W. LUTHER</b>	
STREET ADDRESS	<b>4641 CANOPY ROAD</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32504</b>	

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: **JOSEPH R. YOUD, JR**

EVD

04/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

**JOHN "JACK" W. NOBLES, SVD**  
**2835 BAYOU BLVD**

**PENSACOLA, FL 32503**