

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 453865**

1. Entity Name

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

04-20-2000 90054 017 ***150.00

Principal Place of Business

**2932 CRAWFORDVILLE HIGHWAY
CRAWFORDVILLE FL**

Mailing Address

**P.O. BOX 610
CRAWFORDVILLE FL 32326-0610**

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

59-1541981

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DODSON, WALTER C. JR.
HARVEY MILL ROAD
CRAWFORDVILLE FL 32327**

7. Name and Address of New Registered Agent

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	DODSON, WALTER C, JR	
STREET ADDRESS	HARVEY MILL ROAD	
CITY-ST-ZIP	CRAWFORDVILLE, FL 00000	
TITLE	DC	<input type="checkbox"/> Delete
NAME	TAFF, GEORGE S	
STREET ADDRESS	818 GREENBRIAR LN	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GABY, SCOTT W.	
STREET ADDRESS	HARVEY MILL RD.	
CITY-ST-ZIP	CRAWFORDVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYANT, GERALD D.N.	
STREET ADDRESS	2545 NOBLE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	VERSIGA, WILLIAM F	
STREET ADDRESS	AARON ROAD	
CITY-ST-ZIP	CRAWFORDVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DV
STREET ADDRESS	Gaby, Scott W.
CITY-ST-ZIP	208 Roland Harvey Road Crawfordville, FL 32327

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 to my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter C. Dodson, Jr. 4-13-00 850-926-7111

Date

Daytime Phone #

CR2E034 (9/99)