

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F00000002145**1. Entity Name  
**THE BANKERS BANK (GEORGIA)**

Principal Place of Business 2410 PACES FERRY ROAD, SUITE 600  ATLANTA GA 30339	Mailing Address 2410 PACES FERRY ROAD, SUITE 600  ATLANTA GA 30339
---	---

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  
**58-1630871**

Applied For

Not Applicable

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****C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD****PLANTATION**  
**33324****US****FL**

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 \_\_\_\_\_ **03/27/2001**

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	D	<input type="checkbox"/> Delete
NAME	<b>BRODER HANS MJR.</b>	
STREET ADDRESS	<b>4806 N. HENRY BVLD.</b>	
CITY-ST-ZIP	<b>STOCKBRIDGE GA 30281</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>BENNETT PAUL T</b>	
STREET ADDRESS	<b>104 NORTH DIXON STREET</b>	
CITY-ST-ZIP	<b>ALMA GA 31510</b>	
TITLE	CD	<input type="checkbox"/> Delete
NAME	<b>WOLFE TONY W</b>	
STREET ADDRESS	<b>218 SOUTH MAIN AVE.</b>	
CITY-ST-ZIP	<b>NEWTON NC 28658</b>	
TITLE	ST	<input type="checkbox"/> Delete
NAME	<b>TWEDDLE KEVIN</b>	
STREET ADDRESS	<b>2410 PACES FERRY ROAD, SUITE 600</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30339</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>BRYAN TOM P</b>	
STREET ADDRESS	<b>2410 PACES FERRY ROAD, SUITE 600</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30339</b>	
TITLE	P	<input type="checkbox"/> Delete
NAME	<b>LEONARD BRUCE P</b>	
STREET ADDRESS	<b>2410 PACES FERRY ROAD, SUITE 600</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30339</b>	

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 type="checkbox"/> 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: Kevin Tweddle****EVP****03/27/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)