

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00327

1. Entity Name

DESOTO BANKING CORPORATION

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90027 028 ***150.00

Principal Place of Business

400 N BREVARD AVENUE
ARCADIA FL 34266
US

Mailing Address

PO BOX 1400
ARCADIA FL 34265-1400
US

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

59-2044833

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

CREWS, J.W. JR.
US HWY 17 & MAIN ST
WAUCHULA FL FL 33873

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PD
STREET ADDRESS CREWS, J.W. JR.
CITY-ST-ZIP US HWY 17 & MAIN ST
WAUCHULA FL 33873

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

TITLE ☐ Delete
NAME VSD
STREET ADDRESS CREWS, W. MARKAM
CITY-ST-ZIP 400 NORTH BREVARD AVE.
ARCADIA FL 34266

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

TITLE ☐ Delete
NAME CREWS, W. MARKAM
STREET ADDRESS 400 NORTH BREVARD AVE.
CITY-ST-ZIP ARCADIA FL 34266

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. Markam Crews

February 10, 2000

(863)494-2220

Date

Daytime Phone #