

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90018 005 ***550.00

DOCUMENT # F01000000641

1. Entity Name
FIRST BANK OF GEORGIA

Principal Place of Business
9250 BAYMEADOWS ROAD, SUITE 460
JACKSONVILLE FL 32256

Mailing Address
9250 BAYMEADOWS ROAD, SUITE 460
JACKSONVILLE FL 32256

80137096



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9250 Baymeadows Rd
 Suite, Apt. #, etc.
Suite 460
 City & State
Jacksonville FL
 Zip
32256 Country
USA

3. Mailing Address
2743 Perimeter Pky
 Suite, Apt. #, etc.
Building 100 Ste 105
 City & State
Augusta GA
 Zip
30909 Country

4. FEI Number **58-1786015** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

STELBRINK, DAVID
9250 BAYMEADOWS ROAD, SUITE 460
JACKSONVILLE FL 32256

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Same as Block 6 - No Change**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing statement)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	PD	<input type="checkbox"/> Delete
NAME	BRINSON, REMER Y	
STREET ADDRESS	3820 WASHINGTON ROAD	
CITY-ST-ZIP	AUGUSTA GA 30917	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, SANDRA	
STREET ADDRESS	2805 WRIGHTSBORO ROAD	
CITY-ST-ZIP	AUGUSTA GA 30909	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	WARD, J. HAROLD JR.	
STREET ADDRESS	110 EAST HILL STREET	
CITY-ST-ZIP	THOMSON GA 30824	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLANCHARD, PATRICK G	
STREET ADDRESS	PO BOX 3449	
CITY-ST-ZIP	AUGUSTA GA 30914-3449	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEMEYERS, LARRY	
STREET ADDRESS	2239 KINGS WAY	
CITY-ST-ZIP	AUGUSTA GA 30904	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FARR, PHILLIP G	
STREET ADDRESS	PO BOX 1620	
CITY-ST-ZIP	THOMSON GA 30824	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas M. Bird	
STREET ADDRESS	2743 Perimeter Pky Bld 100 Ste 100	
CITY-ST-ZIP	Augusta Georgia 30909	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynn Holley	
STREET ADDRESS	2743 Perimeter Pky Bld 100 Ste 100	
CITY-ST-ZIP	Augusta Georgia 30909	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J.M. Thomas	
STREET ADDRESS	2743 Perimeter Pky Bld 100 Ste 105	
CITY-ST-ZIP	Augusta Georgia 30909	
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		

CR2E034 (4/02)

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: **J.M. Thomas** **9/5/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **706.262.2260**