

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90072 014 \*\*\*150.00

**DOCUMENT # F59676**

1. Entity Name

**AMERICAN BANKING CORPORATION OF LAKE WALES**

Principal Place of Business

Mailing Address

222 ST RD 60 EAST  
222 HIGHWAY 60 EAST  
LAKE WALES FL 33853-748  
USPO BOX 3400  
222 HIGHWAY 60 EAST  
LAKE WALES FL 33859-400  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-2220745**Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**MOSS, GREGORY D**  
**222 ST ROAD 60 E**  
**LAKE WALES FL 33853-3748**

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 re-registering)

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	PD			
	MOSS, GREGORY D	54 REGAL CT HILLCREST HTS	BABSON PARK FL	
	D			<input checked="" type="checkbox"/> Delete
	HUNT, FRANK M	952 S LAKESHORE BLVD	LAKE WALES FL	
	D			<input type="checkbox"/> Delete
	MCCALLISTER, JAMES A	HILLCREST HEIGHTS	BABSON PARK FL	
	D			<input type="checkbox"/> Delete
	JAHNA, EMI	1390 N CROOKED LAKE DR	BABSON PARK FL 33827	
	D			<input type="checkbox"/> Delete
	PARLIER, MARK S	843 CAMPBELL AVE	LAKE WALES FL 33853	
	D			<input type="checkbox"/> Delete
	STORY, VICTOR B JR	141 FAIR CHILD ST	BABSON PARK FL 33827	

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	CIO			
	ROBERT T ERNEST	620 BEVERLY DR	LAKE WALES FL 33853	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	EMIL			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT T. ERNEST

Date

4-26-01

Daytime Phone #

8636262881

CR2E034 (10/00)