

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F70875**

1. Entity Name
FIRST ALACHUA BANKING CORPORATION

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90062 035 ***150.00

Principal Place of Business

**US 441 & NE 1ST ST
P.O. BOX 219
ALACHUA FL 32615**

Mailing Address

**US 441 & NE 1ST ST
P.O. BOX 219
ALACHUA FL 32615**

2. Principal Place of Business

15000 NW 140TH STREET

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 219

Suite, Apt. #, etc.

City & State

ALACHUA, FL

City & State

ALACHUA, FL

Zip

32615

Country

USA

Zip

32616

Country

USA

4. FEI Number

59-2219704

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

**SMITH, JERRY M
3426 CREEK DR. W. - TURKEY CREEK
ALACHUA FL 32615**

Name
SMITH, JERRY M.

Street Address (P.O. Box Number is Not Acceptable)

3426 CREEK DRIVE W. - TURKEY CREEK

11318 CREEK DRIVE W. - TURKEY CREEK

City
ALACHUA

FL Zip Code
32615

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, 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
**DAS
SWICK, JAMES H
15010 NW 143RD TERR
ALACHUA FL 32615** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SMITH, MARJORIE S
3426 CREEK DR W
ALACHUA FL 32615** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
DRUMMOND, MARJORIE S.
NE 7TH STREET
CHIEFLAND, FL 32626** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CAYSON, GERALD
HWY 20 EAST
BLOUNTSTOWN FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
BEVIS, FRANK
14402 NW 118TH AVE
ALACHUA FL 32615** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CHAIRMAN AND PRESIDENT
SMITH, JERRY M.
11318 CREEK DRIVE W. - TURKEY CREEK
ALACHUA, FL 32615** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

Frank Bevis A/S

3-19-01

Date

904-462-1041

Daytime Phone #

CR2E034 (10/00)