

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90006 023 ***150.00

00000001 AV

DOCUMENT # F70875
1. Entity Name
FIRST ALACHUA BANKING CORPORATION

Principal Place of Business **Mailing Address**
15000 NW 140 STREET **P.O. BOX 219**
ALACHUA FL 32615 **ALACHUA FL 32616**

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 **59-2219704** **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
11318 CREEK DRIVE W. TURKEY CREEK
ALACHUA FL 32615

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, 2002 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	DAS	<input type="checkbox"/> Delete
NAME	SWICK, JAMES H	
STREET ADDRESS	15010 NW 143RD TERR	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	S	<input type="checkbox"/> Delete
NAME	DRUMMOND, MARJORIE S	
STREET ADDRESS	NE 7TH STREET	
CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAYSON, GERALD	
STREET ADDRESS	HWY. 20 EAST	
CITY-ST-ZIP	BLOUNTSTOWN FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BEVIS, FRANK	
STREET ADDRESS	14402 NW 118TH AVE	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	CP	<input type="checkbox"/> Delete
NAME	SMITH, JERRY M	
STREET ADDRESS	11318 CREEK DRIVE W. TURKEY CREEK	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JERRY M.	
STREET ADDRESS	11318 CREEK DRIVE WEST TURKEY CREEK	
CITY-ST-ZIP	ALACHUA, FL 32615	
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: *Jerry M. Smith* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-02 **386-462-1041**
Date Daytime Phone #

CR2E034 (9/01)