

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F71968

1. Entity Name

CITIZENS FINANCIAL SECURITIES CORPORATION

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90013 050 ***150.00

Principal Place of Business

Mailing Address

401 N. TRYON STREET NC1-021-03-09
C/O CORPORATE TAX
CHARLOTTE NC 28255
US

401 N. TRYON STREET NC1-021-03-09
C/O CORPORATE TAX
CHARLOTTE NC 28255-0001
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2169969

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

CAMNER, ALFRED R.
1221 BRICKELL AVENUE (25TH FLOOR)
MIAMI FL 33131

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 LOWMAN, RITA J
STREET ADDRESS 401 N TRYON ST, %CORPORATE TAX
CITY-ST-ZIP CHARLOTTE NC

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

TITLE ☐ Delete
NAME DV
STREET ADDRESS MALLARD, LARRY W.
CITY-ST-ZIP 401 N. TRYON ST
CHARLOTTE NC 28255

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

TITLE ☐ Delete
NAME P
STREET ADDRESS SINK, ADELAIDE A.
CITY-ST-ZIP 401 N. TRYON STREET NC1-021-03-09
CHARLOTTE NC 28255

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

TITLE ☐ Delete
NAME S
STREET ADDRESS LUCAS, MARY-ANN
CITY-ST-ZIP 401 N. TRYON STREET NC1-021-03-09
CHARLOTTE NC 28255

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS SMITH, DUANE L
CITY-ST-ZIP 401 N. TRYON ST
CHARLOTTE NC 28255

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-18-00 704 386 5591

CR2E034 (9/99)