

**2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **F76007**

1. Entity Name

**FIRST NATIONAL BANK HOLDING CORPORATION****FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90023 048 \*\*\*150.00

Principal Place of Business Mailing Address  
**236 VILLA SABINE DRIVE 236 VILLA SABINE DRIVE**  
**PENSACOLA BEACH FL 32561 PENSACOLA BEACH FL 32561**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE



City & State City & State 4. FEI Number **59-2248011** 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

**PERMENTER, WILLIAM D.**  
**236 VILLA SABINE DRIVE**  
**PENSACOLA BEACH FL 32561**

Name

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

City

**FL**

Zip Code

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**

## 1. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **PERMENTER, WILLIAM D.**  
CITY-ST-ZIP **236 VILLA SABINE DRIVE**  
**PENSACOLA BCH. FL**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **FLEMING, DAVID L.**  
CITY-ST-ZIP **909 E. CERVANTES STREET**  
**PENSACOLA FL**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **KIRKSEY, GERALD W.**  
CITY-ST-ZIP **6034 SOUTH GULF MANOR**  
**PENSACOLA FL**

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

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

3. 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 #

CR2E034 (9/01)