

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94356

1. Entity Name

WAKULLA BANCORP

Principal Place of Business

2932 CRAWFORDVILLE HWY
CRAWFORDVILLE FL 32327

Mailing Address

2932 CRAWFORDVILLE HWY
CRAWFORDVILLE FL 32327

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 610

Suite, Apt. #, etc.

City & State

Crawfordville, FL

Zip

32326

Country

4. FEI Number

59-2302657

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

DODSON, WALTER C
U.S. 319, WAKULLA COUNTY STATE BANK
CRAWFORDVILLE FL 32327

Name

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

2932 Crawfordville Highway, Wakulla Bank

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, 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	DP DODSON, WALTER C, JR HARVEYMILL RD CRAWFORDVILLE, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TAFF, GEORGE S. 818 GREENBRIAR LN. TALLAHASSEE FL 32312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP VERSIGA, WILLIAM F. AARON ROAD CRAWFORDVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, GERALD DN MD 2545 NOBLE DRIVE TALLAHASSEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, WALTER L HWY 319 CRAWFORDVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Dodson, Walter C, Jr. 113 Harvey Mill Road Crawfordville, FL 32327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Gaby, Scott W. 208 Roland-Harvey Road Crawfordville, FL 32327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Versiga, William F. 12 Tall Timbers Drive Crawfordville, FL 32327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Bryant, Gerald DN MD 2545 Noble Drive Tallahassee, FL 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roberts, Walter L. 2721 Coastal Highway Crawfordville, FL 32327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harry Morrison, Jr. 2806 Rebecca Drive Tallahassee, FL 32312	<input type="checkbox"/> Change <input checked="" 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

1/22/01

Date

850-926-7111

Daytime Phone #

CR2E034 (10/00)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90169 025 ***150.00

00010000



DO NOT WRITE IN THIS SPACE

Additions/Changes to Officers and Directors in 11

Title	D	Addition
Name	Landrum, Robert, Jr.	
Street Address	1204 Equestrian Way	
City-St-Zip	Tallahassee, FL 32312	

DOC # F94356
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