

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96829**

1. Entity Name

FMB BANKING CORPORATION

Principal Place of Business

200 E. WASHINGTON STREET
P.O. BOX 340
MONTICELLO FL 32345-0340
US

Mailing Address

200 E. WASHINGTON STREET
P.O. BOX 340
MONTICELLO FL 32345-340
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32345-0340

6. Name and Address of Current Registered Agent

WRIGHT, L. GARY
200 E. WASHINGTON STREET
MONTICELLO FL 32344

7. Name and Address of New Registered Agent

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME CT
STREET ADDRESS CARRAWAY F. T. JR.
CITY-ST-ZIP 233 RIO VISTA DR
SOPCHOPPY FL 32358TITLE ☐ Delete
NAME PD
STREET ADDRESS WRIGHT, L GARY
CITY-ST-ZIP RT 4 LLOYD RD
MONTICELLO, FL 00000TITLE ☐ Delete
NAME D
STREET ADDRESS SIMS, R. MICHAEL
CITY-ST-ZIP RT 4 BOX 4186 N/A
MONTICELLO FLTITLE ☐ Delete
NAME D
STREET ADDRESS BIRD, T. BUCKINGHAM
CITY-ST-ZIP S. CHERRY STREET
MONTICELLO FLTITLE ☐ Delete
NAME D
STREET ADDRESS HAWKINS, JOHN E
CITY-ST-ZIP 625 W. PALMER MILL RD
MONTICELLO FLTITLE ☐ Delete
NAME D
STREET ADDRESS DEMOTT, HERBERT G.
CITY-ST-ZIP RT 1 BOX 197-A
MONTICELLO FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME C
STREET ADDRESS Carraway, F.W. Jr.
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME S
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS N. Jefferson Street
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 #

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

01-30-2001 90166 008 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2354574**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required

CR2E034 (10/00)