

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G13874

1. Entity Name

SKYLAKE BANKSHARES, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90165 019 ***158.75

Principal Place of Business

Mailing Address

C/O JACK W. BROWN
1550 N.E. MIAMI GARDENS DR
N. MIAMI BEACH FL 33179

P.O. BOX 170770
HIALEAH FL 33017-0770

2. Principal Place of Business

3. Mailing Address

7900 MIAMI LAKES DR WEST

Suite, Apt. #, etc.

KNB ACCOUNTING DEPT

ATTN: KNB ACCT DEPT

City & State
MIAMI LAKES, FL

City & State

Zip
33016

Country
USA

4. FEI Number 59-2243286

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

BROWN, JACK
7900 MIAMI LAKES DR. W.
MIAMI FL 33026

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 D ☐ Delete
NAME KISLAK, JAY I
STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST
CITY-ST-ZIP MIAMI LAKES FL

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

TITLE D ☐ Delete
NAME BIGGS, WILLIAM
STREET ADDRESS 1550 NE MIAMI GARDENS DRIVE
CITY-ST-ZIP NORTH MIAMI BEACH FL

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

TITLE PDC ☐ Delete
NAME KISLAK, JONATHAN
STREET ADDRESS 1550 NE MIAMI GARDENS DRIVE
CITY-ST-ZIP NORTH MIAMI BEACH FL

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

TITLE S ☐ Delete
NAME HAYNES, EDWARDS C
STREET ADDRESS 7900 MIAMI LAKES DR. W.
CITY-ST-ZIP MIAMI LAKES FL 33016

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/2000
Secretary (305) 364-4114
Date Daytime Phone #

CR2E034 (9/99)