

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90366 026 ***150.00

0474144 AV

DOCUMENT # G23513

1. Entity Name
AMERICAN BANK AND TRUST OF POLK COUNTY

Principal Place of Business
222 STATE RD 60 E
BOX 3400
LAKE WALES FL 33853-748
US

Mailing Address
PO BOX 3400
BOX 3400
LAKE WALES FL 33859-400
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1559903**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOSS, GREGORY D
222 STATE RD 60 EAST
LAKE WALES FL 33385-3374

Name **William L. Sutton**
 Street Address (P.O. Box Number is Not Acceptable)
222 State Rd 60 EAST
 City **Lake Wales** **FL** Zip Code **33853**

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: *William L. Sutton*
 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **FARR, WALTER S.**
 STREET ADDRESS **ANDER MARSH ROAD**
 CITY-ST-ZIP **WAUCHULA FL**

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

TITLE **VPC** ☐ Delete
 NAME **ERNEST, ROBERT T.**
 STREET ADDRESS **620 BEVERLY DR**
 CITY-ST-ZIP **LAKE WALES FL**

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

TITLE **EVP** ☐ Delete
 NAME **FOSTER, RICHARD T**
 STREET ADDRESS **3526 BLACK JACK CT**
 CITY-ST-ZIP **LAKE WALES, FL 00000**

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

TITLE **D** ☐ Delete
 NAME **MCCALLISTER, JAMES A**
 STREET ADDRESS **HILLCREST HEIGHTS**
 CITY-ST-ZIP **BABSON PARK FL**

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

TITLE **D** ☐ Delete
 NAME **GIBSON, ROBT L JR**
 STREET ADDRESS **954 CAMPBELL AVE**
 CITY-ST-ZIP **LAKE WALES FL**

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

TITLE **D** ☐ Delete
 NAME **BICE, WILLIAM T JR**
 STREET ADDRESS **286 HERNANDO RD**
 CITY-ST-ZIP **WINTER HAVEN FL 33884**

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: *William L. Sutton*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-02 **8636767631**
 Date Daytime Phone #

CR2E034 (9/01)