

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G28682**

1. Entity Name

CRYSTAL RIVER BANK

Principal Place of Business

**865 NE HWY 19
CRYSTAL RIVER FL 34429
US**

Mailing Address

**P.O. BOX 607
CRYSTAL RIVER FL 34423
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**DUMAS, BROWN JR.
291 SOUTH GARDENIA TERRACE
CRYSTAL RIVER FL 34429**

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 State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HAGAR, MARGARET A.**
STREET ADDRESS **808 ZEPHR ST**
CITY-ST-ZIP **INVERNESS FL**TITLE **VCOB** ☐ Delete
NAME **BRANNEN, JOSEPH S**
STREET ADDRESS **8394 E GULF TO LAKE HWY**
CITY-ST-ZIP **INVERNESS FL 34450**TITLE **D** ☐ Delete
NAME **SABOURIN, EDMUND E.**
STREET ADDRESS **220 N.E. 11TH ST.**
CITY-ST-ZIP **CRYSTAL RIVER FL**TITLE **PD** ☐ Delete
NAME **DUMAS, BROWN, JR.**
STREET ADDRESS **291 S GARDENIA TERR**
CITY-ST-ZIP **CRYSTAL RIVER FL**TITLE **D** ☐ Delete
NAME **EMERSON, JERRY C**
STREET ADDRESS **2256 W TEE CIR.**
CITY-ST-ZIP **CITRUS SPRINGS FL 34434**TITLE **COB** ☐ Delete
NAME **BRANNEN, GEORGE H II**
STREET ADDRESS **3300 S. PLEASANT GROVE ROAD**
CITY-ST-ZIP **INVERNESS FL 34451**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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: **Brown Dumas, Jr.****1-5-01**

Date

352-795-3451

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)