

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G28683

1. Entity Name

HOMOSASSA SPRINGS BANK

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90056 035 \*\*\*150.00

Principal Place of Business

Mailing Address

% GEORGE H. BRANNEN, II  
U.S. 19 & PERIWINKLE, P.O. BOX 3599  
HOMOSASSA SPRINGS FL 32647

% GEORGE H. BRANNEN, II  
U.S. 19 & PERIWINKLE, P.O. BOX 3599  
HOMOSASSA SPRINGS FL 34447-3599

2. Principal Place of Business

4325 S. SUNCOAST BLVD

3. Mailing Address

P.O. BOX 3599

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMOSASSA SPRINGS, FL

City & State

HOMOSASSA SPRINGS, FL

4. FEI Number

59-1311321

Applied For

Not Applicable

Zip

34446

Country

CITRUS

Zip

34447

Country

CITRUS

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

Name

BROWN DUMAS III

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

4325 S. SUNCOAST BLVD

City

HOMOSASSA SPRINGS

FL

Zip Code  
34446

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

PRESIDENT

APRIL 18, 2000

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 **BRANNEN, JOSEPH S.**  
STREET ADDRESS **PO BOX 1533 SHADY LANE N/A**  
CITY-ST-ZIP **INVERNESS FL**

TITLE **VICE CHAIRMAN/DIRECTOR** ☒ Change ☐ Addition  
NAME **BRANNEN, JOSEPH S.**  
STREET ADDRESS **P.O. BOX 1533 SHADY LANE N/A**  
CITY-ST-ZIP **INVERNESS, FL**

TITLE **D** ☐ Delete  
NAME **BRANNEN, GEORGE H., II**  
STREET ADDRESS **PO BOX 1929 N/A**  
CITY-ST-ZIP **INVERNESS FL**

TITLE **CHAIRMAN/DIRECTOR** ☒ Change ☐ Addition  
NAME **BRANNEN, GEORGE H., II**  
STREET ADDRESS **P.O. BOX 1929 N/A**  
CITY-ST-ZIP **INVERNESS, FL**

TITLE **D** ☐ Delete  
NAME **HAGAR, THOMAS L.**  
STREET ADDRESS **PO BOX 309 W. ZEPHYR**  
CITY-ST-ZIP **INVERNESS FL**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **ROBERT R. CHRISTENSEN**  
STREET ADDRESS **4 SHORT LEAF CT W**  
CITY-ST-ZIP **HOMOSASSA, FL 34446-4366**

TITLE **D** ☒ Delete  
NAME **WARE, MARVIN J**  
STREET ADDRESS **116 DOUGLAS ST.**  
CITY-ST-ZIP **HOMOSASSA FL**

TITLE **PRESIDENT, DIRECTOR, TREAS., SEC** ☐ Change ☒ Addition  
NAME **BROWN DUMAS, III**  
STREET ADDRESS **P.O. BOX 1471**  
CITY-ST-ZIP **CRYSTAL RIVER, FL 34423-1471**

TITLE **PD** ☒ Delete  
NAME **MAYER, RONALD L.**  
STREET ADDRESS **135 N. LECANTO HWY.**  
CITY-ST-ZIP **LECANTO FL**

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 all other like empowered.

SIGNATURE:

PRESIDENT

4-18-00

352-628-3812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E014 (3/99)