

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G28683

1. Entity Name

HOMOSASSA SPRINGS BANK

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90087 011 ***150.00

939840



DO NOT WRITE IN THIS SPACE

Principal Place of Business

% GEORGE H. BRANNEN, II
4325 S SUNCOAST BLVD
HOMOSSA SPRINGS FL 33446

Mailing Address

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

2. Principal Place of Business

4325 S. SUNCOAST BLVD.

3. Mailing Address

P.O. BOX 3599

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMOSSA SPRINGS, FL

City & State

HOMOSSA SPRINGS, FL

Zip

34446-1179

Country

CITRUS

Zip

34447-3599

Country

CITRUS

4. FEI Number 59-131321

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

Name

BROWN DUMAS, III

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

4325 S. SUNCOAST BLVD.

City

HOMOSSA SPRINGS

FL

Zip Code

34446-1179

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 3, 2001

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

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

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

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

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

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

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

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

4-3-01

352-628-3812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)