

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # G28683**

Entity Name

**HOMOSASSA SPRINGS BANK****FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90155 044 \*\*\*150.00

Principal Place of Business

**325 S SUNCOAST BLVD**  
**HOMOSASSA SPRINGS FL 34446**

Mailing Address

**P O BOX 3599**  
**HOMOSASSA SPRINGS FL 34447-3599**

Principal Place of Business

**325 S. SUNCOAST BLVD.**

3. Mailing Address

**P.O. BOX 3599**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**HOMOSASSA SPRINGS, FL**

City &amp; State

**HOMOSASSA SPRINGS, FL**

4. FEI Number

**59-1311321**

Applied For

Not Applicable

Zip

**34446-1179**

Country

**CITRUS**

Zip

**34447-3599**

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

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

City

**FL**

Zip Code

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

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

1. OFFICERS AND DIRECTORS

TITLE	<b>VCD</b>	<input type="checkbox"/> Delete
NAME	<b>BRANNEN, JOSEPH S.</b>	
STREET ADDRESS	<b>PO BOX 1533 SHADY LANE N/A</b>	
CITY-ST-ZIP	<b>INVERNESS FL</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>BRANNEN, GEORGE H II</b>	
STREET ADDRESS	<b>PO BOX 1929 N/A</b>	
CITY-ST-ZIP	<b>INVERNESS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HAGAR, THOMAS L.</b>	
STREET ADDRESS	<b>PO BOX 309 W. ZEPHYR</b>	
CITY-ST-ZIP	<b>INVERNESS FL</b>	
TITLE	<b>PTSD</b>	<input type="checkbox"/> Delete
NAME	<b>DUMAS, BROWN III</b>	
STREET ADDRESS	<b>P.O. BOX 1471</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL 34423-1471</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHRISTENSEN, ROBERT R</b>	
STREET ADDRESS	<b>4 SHORT LEAF CT W</b>	
CITY-ST-ZIP	<b>HOMOSASSA FL 34446-4366</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-2002

Date

352 628-3812

Daytime Phone #

CR2E034 (9/01)