

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90183 033 ***150.00

DOCUMENT # G28683

1. Entity Name
HOMOSASSA SPRINGS BANK



Principal Place of Business
**325 S SUNCOAST BLVD
HOMOSASSA FL 34446-1179**

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

2. Principal Place of Business
4325 S Suncoast Blvd.
Suite, Apt. #, etc.

3. Mailing Address
PO Box 3599
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Homosassa Fl

City & State
Homosassa Springs Fl

4. FEI Number **59-1311321**

Applied For
Not Applicable

Zip Country
34446-1179 Citrus

Zip Country
34447-3599 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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

TITLE ☐ Delete
NAME **PTSD**
STREET ADDRESS **DUMAS, BROWN III**
CITY-ST-ZIP **P.O. BOX 1471
CRYSTAL RIVER FL 34423-1471**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CHRISTENSEN, ROBERT R**
CITY-ST-ZIP **4 SHORT LEAF CT W
HOMOSASSA FL 34446-4366**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BROWN DUMAS III
BROWN DUMAS III PRESIDENT

Jan. 13, 2003

Date

352-628-3812

Daytime Phone #

CR2E034 (10/02)