

2000 UNIFORM BUSINESS REPORT (UBR)

4-25-00

DOCUMENT # J65566

1. Entity Name

THE HERNANDO COUNTY BANK

FILED

00 APR 25 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1187 S BROAD ST
PO BOX 10289
BROOKSVILLE FL 34601-0111

Mailing Address

1187 S BROAD ST
PO BOX 10289
BROOKSVILLE FL 34601-3111

2. Principal Place of Business

1187 S BROAD STREET

3. Mailing Address

PO BOX 10289

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
34601-3111

Country

Zip
34603-0289

Country

DO NOT WRITE IN THIS SPACE

4/25/00 90030/018 \$150.00
4. FEI Number 59-2834272

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

NOT REQUIRED
PURSUANT TO FLORIDA STATUTES
CHAPTER 607.034(2)

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, 2000 Fee will be \$350.00
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
NAME BRANNEN, JOSEPH S.
STREET ADDRESS 8394 E GULF TO LAKE HWY
CITY-ST-ZIP INVERNESS FL ☐ Delete

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

TITLE D
NAME OSWALD H. WAYNE
STREET ADDRESS 1380 S. WATERVIEW DR
CITY-ST-ZIP INVERNESS FL ☐ Delete

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

TITLE D
NAME DUMAS, BROWN, JR.
STREET ADDRESS 291 S. GARDENIA TERR
CITY-ST-ZIP CRYSTAL RIVER FL ☐ Delete

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

TITLE D
NAME BRANNEN II, GEORGE H
STREET ADDRESS 3300 S PLEASANT GROVE RD
CITY-ST-ZIP INVERNESS FL ☐ Delete

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

TITLE D
NAME SHEFFIELD, CHARLES G.
STREET ADDRESS 9848 DOMINGO DRIVE
CITY-ST-ZIP BROOKSVILLE FL ☐ Delete

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:

Charles G. Sheffield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/2