

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 16, 2000 8:00 am**
Secretary of State

02-16-2000 90017 049 ***150.00

00015752



DO NOT WRITE IN THIS SPACE

DOCUMENT # J65663

1. Entity Name

FIRST AMERICAN BANK OF WALTON COUNTY

Principal Place of Business

Mailing Address

7770 HWY 98 W
SANTA ROSA BEACH FL 32459
USP.O. BOX 1230
SANTA ROSA BEACH FL 32459-1230
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2775405

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 CHAPTER 607.034(2)
FLORIDA STATUTES FL**

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 \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	KNOWLES, PETE	259 BAYWINDS DR.	DESTIN FL 32541	<input type="checkbox"/>
D	TAYLOR, JAMES H	RR 2 BOX 6760	SANTA ROSA BCH FL	<input type="checkbox"/>
D	WALLACE, DENNIS	244 MATTIES WAY	DESTIN FL 32541	<input type="checkbox"/>
D	BARTH, JAMESNIS	11 KELWEN CIR	DESTIN FL	<input type="checkbox"/>
D	FAISON, GREGORY B	400 ST FRANCIS ST	EUFAULA AL	<input type="checkbox"/>
V	BUTLER, JANE E	200 SANDESTIN LANE	DESTIN FL 32549	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	MALCOLM PATTERSON	473 DEFUNIAK STREET	SANTA ROSA BEACH, FL 32459	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	JAMES RESTER	300 BAY VILLA DRIVE	DESTIN, FL 32541	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	MICHAEL DIXON	216 BENJAMIN DRIVE	EUFAULA, AL 36027	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	TRACY CONERLY	P.O. BOX 131	DESTIN, FL 32540	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	DAWN O'CONNOR	1700 OSCEOLA BAY AVENUE	NICEVILLE, FL 32578	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	KIMBERLY HOLLEY	195 DURANGO ROAD, UNIT 3-A	DESTIN, FL 32541	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:**PETE KNOWLES, PRESIDENT/CEO**

1/31/00

(850) 267-0329

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)