

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J69169

1. Entity Name

TRI-COUNTY BANK

Principal Place of Business

Mailing Address

302 MAIN STREET  
TRENTON FL 32693-0797

P.O. BOX 797  
TRENTON FL 32693-0797

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

59-2766270

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

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 State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BUSH, WILBUR	
STREET ADDRESS	402 S.W. 5TH AVE.	
CITY-ST-ZIP	TRENTON FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FERGUSON, JOHN	
STREET ADDRESS	SHADY GRV BPT CHRCH RD.	
CITY-ST-ZIP	TRENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYES, MICHAEL	
STREET ADDRESS	STATE ROAD 129 2559 SE 48th Ave	
CITY-ST-ZIP	BELL FL TRENTON, FL 32693	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOGGINS, NORMAN	
STREET ADDRESS	COUNTY RD. 320	
CITY-ST-ZIP	CHIEFLND FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HILLIARD, SANDI	
STREET ADDRESS	COUNTY RD. 341	
CITY-ST-ZIP	BELL FL	
TITLE	O	<input type="checkbox"/> Delete
NAME	DUNN, MARY	
STREET ADDRESS	COUNTY RD 321	
CITY-ST-ZIP	TRENTON FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Evelyn Grandoff	
STREET ADDRESS	351 NW 172nd Lane	
CITY-ST-ZIP	Trenton, FL 32693	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Charles W. Perez Jr.	
STREET ADDRESS	101 Spring Ridge Lane	
CITY-ST-ZIP	Thomasville, GA 31792-9804	
TITLE	D VP	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Donna Graham	
STREET ADDRESS	11351 NW 30th Ave.	
CITY-ST-ZIP	Chiefland, FL 32626	
TITLE	O	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Karol Lindsey	
STREET ADDRESS	4790 SW 40th St.	
CITY-ST-ZIP	Bell, FL 32619	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	Deborah DeVoe	
STREET ADDRESS	209 W. Violet St.	
CITY-ST-ZIP	Tampa, FL 33603-2058	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	Bill Mobley	
STREET ADDRESS	3793 Picciola Rd.	
CITY-ST-ZIP	Leesburg, FL 32748	

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:

SANDI HILLIARD

1/5/2000

352 463 7171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 12, 2000 8:00 am  
Secretary of State

01-12-2000 90016 035 \*\*\*150.00



DO NOT WRITE IN THIS SPACE