

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90028 050 \*\*\*150.00

**DOCUMENT # J69169**

1. Entity Name

**TRI-COUNTY BANK**

Principal Place of Business

**302 MAIN STREET  
TRENTON FL 32693-0797**

Mailing Address

**P.O. BOX 797  
TRENTON FL 32693-0797**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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* **SANDI HILLIARD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/01**  
Date**352 463 7171**  
Daytime Phone #

CR2E034 (10/00)

Attachment  
D# 809109



## Tri-County Bank

P. O. Box 797  
Trenton, Florida 32693  
(352) 463-7171

### OFFICERS AND DIRECTORS CONTINUED

Title: D  
Name: Charles W. Perez Jr.  
Street Address: 101 Spring Ridge Lane  
City-ST-Zip: Thomasville, GA 31792-9804

Title: D  
Name: Donna Graham  
Street Address: 11351 NW 30th Ave.  
City-ST-Zip: Chiefland, FL 32626

Title: Carol  
Name: Karol Lindsey  
Street Address: 4790 SW 40th St.  
City-ST-Zip: Bell, FL 32619

Title: D  
Name: Deborah DeVoe  
Street Address: 209 W. Violet St.  
City-ST-Zip: Tampa, FL 33603-2058

Title: D  
Name: Bill Mobley  
Street Address: 3793 Picciola Rd.  
City-ST-Zip: Leesburg, FL 32748

Title: D  
Name: Betty Hickey  
Street Address: 2506 Parkland Blvd.  
City-ST-Zip: Tampa, FL 33609-5312

1/1/01