

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J83018

1. Entity Name

PUTNAM STATE BANK

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90119 030 ***158.75

Principal Place of Business

Mailing Address

350 STATE ROAD 19 NORTH
OFFICE DRAWER 1299
PALATKA FL 32177-2446

350 STATE ROAD 19 NORTH
POST OFFICE DRAWER 1299
PALATKA FL 32178-1299
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 59-2552647

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

901870



DO NOT WRITE IN THIS SPACE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|--------------------------------------------|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SMITH, KELLY R. JR. | |
| STREET ADDRESS | RT 2 BOX 1746 N/A | |
| CITY-ST-ZIP | PALATKA FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | TORODE, WILLIAM E. III | |
| STREET ADDRESS | 1209 REID ST. | |
| CITY-ST-ZIP | PALATKA FL | |
| TITLE | PM | <input type="checkbox"/> Delete |
| NAME | MYERS, VERNON H., JR. | |
| STREET ADDRESS | 2500 FAIRWAY DRIVE | |
| CITY-ST-ZIP | PALATKA FL | |
| TITLE | CD | <input type="checkbox"/> Delete |
| NAME | CLARK, RONALD | |
| STREET ADDRESS | 511 ST. JOHNS AVENUE | |
| CITY-ST-ZIP | PALATKA FL | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | DOTSON, CAMILLE A | |
| STREET ADDRESS | RT 4 BOX 1144-A | |
| CITY-ST-ZIP | PALATKA FL | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | GORRICK, ROBERT "RANDY" | |
| STREET ADDRESS | 714 MICKLER BLVD. | |
| CITY-ST-ZIP | ST. AUGUSTINE FL | |

| | | |
|----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

SEE ADDITIONS ATTACHED.

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: *Bonnie Kanserich* 1-7-2000 328-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

ADDITIONS TO THE UBR

Doc # J83018
901870
PUTNAM STATE BANK

JANUARY 6, 2000

(D)

CHARLES E. ALFORD
RT 1 BOX 2000
PALATKA FL 32177

59-2552647

(D)

BEN BATES, JR.
COLDWELL BANKER
3400 CRILL AVENUE
PALATKA FL 32177

(D)

STEPHEN L. BECKETT, DDS
700 ZEAGLER DRIVE, SUITE 11
PALATKA FL 32177

(D)

WILLIAM J. REVELS
9000 COWPEN BRANCH ROAD
HASTINGS FL 32145

(D)

KELLEY R. SMITH, JR.
P. O. Box 75
BOSTWICK FL 32007

(D)

JOHN H. TRESCOT, JR.
A WAYS AWAY
EAST PALATKA FL 32131

(D)

JOHN W. WOLFENDEN, MD
700 ZEAGLER DRIVE, SUITE 9
PALATKA FL 32177