

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90163 016 \*\*\*150.00

**DOCUMENT # J83039**

1. Entity Name

**FRIENDSHIP COMMUNITY BANK**

Principal Place of Business

Mailing Address

8375 S.W. STATE ROAD 200  
 Ocala FL 34481-9604  
 US

8375 S.W. STATE ROAD 200  
 Ocala FL 34481  
 US

**80016335**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6892630**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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**

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 ☐ Delete  
 NAME **DO NOT ADD**  
 STREET ADDRESS **CARINI, JOHN**  
 CITY-ST-ZIP **1236 SE 18TH ST:  
 Ocala FL 34471**

TITLE ☒ Change ☐ Addition  
 NAME **Kathy Anselmi**  
 STREET ADDRESS **1812 NE 3rd St**  
 CITY-ST-ZIP **Ocala, FL 34470**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **COLEN, KENNETH**  
 CITY-ST-ZIP **8700 S W 99TH ST  
 Ocala FL 34481**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **CHAK, DR RONAL H**  
 CITY-ST-ZIP **1500 S E 59TH ST  
 Ocala FL 34480**

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

TITLE ☐ Delete  
 NAME **V**  
 STREET ADDRESS **BUSICK, CAROL S**  
 CITY-ST-ZIP **3823 NE 5TH STREET  
 Ocala FL 34470**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **DITTMAN, MORRIS**  
 CITY-ST-ZIP **9840-R SW 88TH CT RD  
 Ocala FL 34481**

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

TITLE ☐ Delete  
 NAME **P**  
 STREET ADDRESS **ANSELM, KATHY**  
 CITY-ST-ZIP **1812 NE 3RD STREET  
 Ocala FL 34470**

TITLE ☒ Change ☐ Addition  
 NAME **Kathy Anselmi**  
 STREET ADDRESS **1812 NE 3rd St**  
 CITY-ST-ZIP **Ocala, FL 34470**

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:

**SIGNATURE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/3/2000** **352-854-224**  
 Date Daytime Phone #

J83039  
60016335



# **FRIENDSHIP**

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## **COMMUNITY BANK**

### Officers and Directors

D Barrineau, Reginald	2550 se 41 <sup>st</sup> St	Ocala, FL 34482
D Devito, James A	Devito & Colen P.A. 7243 Bryan Dairy Rd	Largo, FL 33777
D Orlando, Margaret	7545 SW State Rd 200	Ocala, FL 34481
D Wilkinson, Michael	MFM Industries 3300 SW 34 <sup>th</sup> Ave, Ste 152	Ocala, FL 34474
V Binstead, George	5450 SW 82 <sup>nd</sup> Ln	Ocala, FL 34474
O Sadler, Paula	13573 SE 41 <sup>st</sup> Ct	Summerfield, FL 34491