

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90012 025 ***150.00

DOCUMENT # J83039

1. Entity Name

FRIENDSHIP COMMUNITY BANK

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-6892630**

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, 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	DO	<input type="checkbox"/> Delete
NAME	CARINI, JOHN	
STREET ADDRESS	1236 SE 18TH ST	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLEN, KENNETH	
STREET ADDRESS	8700 S W 99TH ST	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAK, DR RONAL H	
STREET ADDRESS	1500 S E 59TH ST	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BUSICK, CAROL S	
STREET ADDRESS	3823 NE 5TH STREET	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input type="checkbox"/> Delete
NAME	DITTMAN, MORRIS	
STREET ADDRESS	9840-R SW 88TH CT RD	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	ANSELM, KATHY	
STREET ADDRESS	1812 NE 3RD STREET	
CITY-ST-ZIP	OCALA FL 34470	

TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paula Sadler	
STREET ADDRESS	13573 SE 41st Ct	
CITY-ST-ZIP	Summerfield, FL 34491	
TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michelle M Bailey	
STREET ADDRESS	11039 SE 55th Ave	
CITY-ST-ZIP	Bellevue, FL 34420	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Michelle M. Bailey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michelle M. Bailey
 Operations Officer

1-9-01

352-854-2265

Date

Daytime Phone #

CR2E034 (10/00)