

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91649 027 \*\*\*550.00

**DOCUMENT # J84485**

1. Entity Name  
**CITRUS BANK**

Principal Place of Business

2861 S. DELANEY AVE  
 ORLANDO FL 32806  
 US

Mailing Address

2861 S. DELANEY AVE  
 ORLANDO FL 32806  
 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

**59-2909288**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHENEY, ANDY**  
**2861 S DELANEY AVE**  
**ORLANDO FL 32806**

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.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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          | <b>D</b>                      | <input type="checkbox"/> Delete            |
| NAME           | <b>CRIDER, WILLIAM F</b>      |  |
| STREET ADDRESS | <b>2861 S. DELANEY AVENUE</b> |  |
| CITY-ST-ZIP    | <b>ORLANDO FL 32806</b>       |  |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Delete            |
| NAME           | <b>DRAGE, THOMAS B JR</b>     |  |
| STREET ADDRESS | <b>2861 S. DELANEY AVENUE</b> |  |
| CITY-ST-ZIP    | <b>ORLANDO FL 32806</b>       |  |
| TITLE          | <b>D</b>                      | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>CAUSEY, PAUL D</b>         |  |
| STREET ADDRESS | <b>2861 S. DELANEY AVENUE</b> |  |
| CITY-ST-ZIP    | <b>ORLANDO FL 32806</b>       |  |
| TITLE          | <b>EVP/D</b>                  | <input type="checkbox"/> Delete            |
| NAME           | <b>MCCLANAHAN, MICHAEL</b>    |  |
| STREET ADDRESS | <b>2861 S. DELANEY AVENUE</b> |  |
| CITY-ST-ZIP    | <b>ORLANDO FL 32806</b>       |  |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Delete            |
| NAME           | <b>BRANT, WILLIAM R.</b>      |  |
| STREET ADDRESS | <b>2861 S. DELANEY AVENUE</b> |  |
| CITY-ST-ZIP    | <b>ORLANDO FL 32806</b>       |  |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Delete            |
| NAME           | <b>CAUSEY, PAUL D.</b>        |  |
| STREET ADDRESS | <b>2861 S. DELANEY AVENUE</b> |  |
| CITY-ST-ZIP    | <b>ORLANDO FL 32806</b>       |  |

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>M. Rodney Metz</b>         |  |
| STREET ADDRESS | <b>2861 S. Delaney Ave</b>    |  |
| CITY-ST-ZIP    | <b>Orlando, FL 32806</b>      |  |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Cecil D. Moore</b>         |  |
| STREET ADDRESS | <b>2861 S. Delaney Ave</b>    |  |
| CITY-ST-ZIP    | <b>Orlando, FL 32806</b>      |  |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Joe H. Pickens</b>         |  |
| STREET ADDRESS | <b>2861 S. Delaney Ave</b>    |  |
| CITY-ST-ZIP    | <b>Orlando, FL 32806</b>      |  |
| TITLE          | <b>EVP/D</b>                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Michael W. Sperry</b>      |  |
| STREET ADDRESS | <b>2861 S. Delaney Ave</b>    |  |
| CITY-ST-ZIP    | <b>Orlando, FL 32806</b>      |  |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>William R. Timmons III</b> |  |
| STREET ADDRESS | <b>2861 S. Delaney Ave</b>    |  |
| CITY-ST-ZIP    | <b>Orlando, FL 32806</b>      |  |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Samuel H. Vickers</b>      |  |
| STREET ADDRESS | <b>2861 S. Delaney Ave</b>    |  |
| CITY-ST-ZIP    | <b>Orlando, FL 32806</b>      |  |

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:** *William S. Hummers III* **5/1/02** **904-306-1100**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment.

Doc# 584485

865425

CEO-D       addition  
Mack I. Whittle, Jr.  
2861 S. Delaney Ave  
Orlando, FL 32806