2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90028 014 ***150.00

0448542

DOCUMENT # K36051

1. Entity Name
CNB FLORIDA BANCSHARES, INC.

Principal Place of Business
~~201 N. MARION STREET~~
~~LAKE CITY FL 32055~~

Mailing Address
~~P.O. BOX 3239~~
~~LAKE CITY FL 32056~~

2. Principal Place of Business
9715 Gate Parkway North
Suite, Apt. #, etc.

3. Mailing Address 9715 Gate Parkway North
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: Jacksonville FL
Zip: 32246 Country: Duval

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4. FEI Number 59-2958616 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TROWELL, K C
~~201 NORTH MARION STREET~~
~~LAKE CITY FL 32055~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
9715 Gate Parkway North

City: Jacksonville FL Zip Code: 32246

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 K.C. Trowell
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	DCP	☐ Delete	TITLE DCP	☒ Change ☐ Addition
NAME	TROWELL, K.C.		NAME K.C. Trowell	
STREET ADDRESS	233 HARRIS LAKE DRIVE		STREET ADDRESS 6730 Epping Forest Way North	
CITY-ST-ZIP	LAKE CITY FL 32055		CITY-ST-ZIP Jacksonville, FL 32217	
TITLE	D	☐ Delete	TITLE ~~D~~ Director	☐ Change ☒ Addition
NAME	BULLARD, AUDREY S		NAME Halcyon E. Skinner	
STREET ADDRESS	S. HWY. 47, P.O. BOX 766		STREET ADDRESS 118 Knotty Pine Trail	
CITY-ST-ZIP	LAKE CITY FL 32055		CITY-ST-ZIP Ponte Vedra Beach, FL 32082	
TITLE	D	☐ Delete	TITLE V	☐ Change ☒ Addition
NAME	ANDREWS, THOMAS R		NAME G. Thomas Frankland	
STREET ADDRESS	19 SOLANA RD		STREET ADDRESS 5040 Bentgrass Circle	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		CITY-ST-ZIP Ponte Vedra Beach, FL 32082	
TITLE	D	☐ Delete	TITLE V	☐ Change ☒ Addition
NAME	PRITCHETT, MARVIN H		NAME Bennett Brown	
STREET ADDRESS	1050 S.E. 6TH ST		STREET ADDRESS 300 Forest Circle	
CITY-ST-ZIP	LAKE BUTLER FL 32054		CITY-ST-ZIP Jacksonville, FL 32223	
TITLE	D	☐ Delete	TITLE T	☐ Change ☒ Addition
NAME	LAND, RAYMON S		NAME Martha S. Tucker	
STREET ADDRESS	HWY 27 E & CRAVEN ST		STREET ADDRESS 1453 Pearl St. P.O. Box 1072	
CITY-ST-ZIP	BRANFORD FL 32008		CITY-ST-ZIP Live Oak, FL 32062	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STREICHER, WILLIAM J		NAME	
STREET ADDRESS	RT 13 BOX 184		STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32055		CITY-ST-ZIP	

CR2E034 (10/00)

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: Martha S. Tucker Martha S. Tucker, Treas/Controller 4-12-01 904-755-5411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #