

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90062 021 ***150.00

DOCUMENT # K36051

1. Entity Name
CNB FLORIDA BANCSHARES, INC.

Principal Place of Business
**9715 GATE PARKWAY NORTH
 JACKSONVILLE FL 32246**

Mailing Address
**9715 GATE PARKWAY NORTH
 JACKSONVILLE FL 32246**



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 **59-2958616**

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

**TROWELL, K C
 9715 GATE PARKWAY NORTH
 JACKSONVILLE FL 32246**

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 _____ (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, 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 NAME	DCP TROWELL, K.C.	<input type="checkbox"/> Delete
STREET ADDRESS	8730 EPPING FOREST WAY NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE NAME	D BULLARD, AUDREY S	<input type="checkbox"/> Delete
STREET ADDRESS	S. HWY. 47, P.O. BOX 766	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE NAME	D ANDREWS, THOMAS R	<input type="checkbox"/> Delete
STREET ADDRESS	19 SOLANA RD	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE NAME	D PRITCHETT, MARVIN H	<input type="checkbox"/> Delete
STREET ADDRESS	1050 S.E. 6TH ST	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE NAME	D LAND, RAYMON S	<input type="checkbox"/> Delete
STREET ADDRESS	HWY 27 E & CRAVEN ST	
CITY-ST-ZIP	BRANFORD FL 32008	
TITLE NAME	D STREICHER, WILLIAM J	<input type="checkbox"/> Delete
STREET ADDRESS	RT 13 BOX 184	
CITY-ST-ZIP	LAKE CITY FL 32055	

TITLE NAME	D Halcyon E. Skinner	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	118 Knotty Pine Trail	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE NAME	D Jon W. Pritchett	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4106 SW 96th DR.	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE NAME	DCP K.L. Trowell	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	500 Oceanfront	
CITY-ST-ZIP	Neptune Beach, FL 32266	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-18-2002** Daytime Phone # _____

CR2E034 (9/01)