

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90683 016 ***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

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 **59-2958616**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|----------------------------|----------------|-------------|---------------------------------|
| | DCP | | | |
| | TROWELL, K.C. | | | |
| | 500 OCEAN FRONT | | | |
| | NEPTUNE BEACH FL 32266 | | | |
| | D | | | |
| | BULLARD, AUDREY S | | | |
| | S. HWY. 47, P.O. BOX 766 | | | |
| | LAKE CITY FL 32055 | | | |
| | D | | | |
| | ANDREWS, THOMAS R | | | |
| | 19 SOLANA RD | | | |
| | PONTE VEDRA BEACH FL 32082 | | | |
| | D | | | |
| | PRITCHETT, MARVIN H | | | |
| | 1050 S.E. 6TH ST | | | |
| | LAKE BUTLER FL 32054 | | | |
| | D | | | |
| | LAND, RAYMON S | | | |
| | HWY 27 E & CRAVEN ST | | | |
| | BRANFORD FL 32008 | | | |
| | D | | | |
| | STREICHER, WILLIAM J | | | |
| | RT 13 BOX 184 | | | |
| | LAKE CITY FL 32055 | | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED K.C. Trowell**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/03

Date

386-755-5411 Ext.

Daytime Phone #

CR2E034 (10/02)