

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 90713 013 ***550.00

DOCUMENT # L55947

1. Entity Name

EVERGREEN BANCSHARES, INC.

Principal Place of Business

**111 SO MONROE ST
 1706 WEST TENNESSEE STREET
 TALLAHASSEE FL 32301
 US**

Mailing Address

**PO BOX 5767
 TALLAHASSEE FL 32314-5767
 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

63-1025500

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

**ALEXIONOK, LINDA C
 111 SO MONROE ST
 TALLAHASSEE FL 32301**

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, 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 **DP** ☐ Delete
 NAME **ALEXIONOK, LINDA C.**
 STREET ADDRESS **2212 WOODLAWN DR**
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **D/P/S** ☒ Change ☐ Addition
 NAME **Alexionok, LINDA C**
 STREET ADDRESS **2212 WOODLAWN DR**
 CITY-ST-ZIP **Tallahassee FL 32303**

TITLE **DC** ☐ Delete
 NAME **BARRETT, DAVID A.**
 STREET ADDRESS **2120 HILL N DALE RD. NO.**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
 NAME **FUQUA, KENNETH C**
 STREET ADDRESS **2587 NOBLE DR**
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☒ Delete
 NAME **VROOM, FREDERIC Q M.D.**
 STREET ADDRESS **2810 EDENBERRY DR**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **DS** ☒ Delete
 NAME **LINTON, GARY F**
 STREET ADDRESS **4001 MCLAUGHLIN DRIVE**
 CITY-ST-ZIP **TALLAHASSEE FL 32309**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/02
 Date

850-222-1767
 Daytime Phone #

CR2E034 (9/01)