

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90129 002 ****61.25

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DOCUMENT # N12967
 1. Entity Name
FLORIDA AMERICAN INSTITUTE OF BANKING, INC.

Principal Place of Business 2801 S BAY ST SUITE B EUSTIS FL 32726 US	Mailing Address 2801 S BAY ST SUITE B EUSTIS FL 32726 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2816116	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**BOYER, JEAN K
 2801 S BAY ST
 SUITE B
 EUSTIS FL 32726-6503**

7. Name and Address of New Registered Agent
 Name: **Jean K. Campbell (NAME CHANGE/MARRIAGE)**
 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: *Jean K. Campbell* **JEAN K. CAMPBELL** **4/6/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
EXECUTIVE DIRECTOR

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME VD YARBROUGH, KATHY STREET ADDRESS 2601 S BAY ST CITY-ST-ZIP EUSTIS FL 32726	<input type="checkbox"/> Delete
TITLE NAME TD DEVANE-KIGHT, MELODY STREET ADDRESS 601 N MONROE ST CITY-ST-ZIP TALLAHASSEE FL 32301	<input type="checkbox"/> Delete
TITLE NAME M BOYER, JEAN STREET ADDRESS 2801 S BAY STREET, #B CITY-ST-ZIP EUSTIS FL 32726-6503	<input type="checkbox"/> Delete
TITLE NAME S BARTON, GLEN STREET ADDRESS 2921 ROBERTS AVE CITY-ST-ZIP TALLAHASSEE FL 32310	<input type="checkbox"/> Delete
TITLE NAME PD PATTIE, SUSAN STREET ADDRESS 203 E SILVER SPRINGS BLVD CITY-ST-ZIP OCALA FL 34470	<input type="checkbox"/> Delete
TITLE NAME PPD MCCULLOUGH, BARBARA STREET ADDRESS 101 E 23RD ST CITY-ST-ZIP PANAMA CITY FL 32405	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME JEAN K. CAMPBELL STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME PPD STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME PD RHETT TUCKER STREET ADDRESS 2720 W TENNESSEE STREET CITY-ST-ZIP TALLAHASSEE FL 32304-2840	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 617, 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: *Jean K. Campbell* **JEAN K. CAMPBELL, EXECUTIVE DIRECTOR** **352-589-9555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4/6/2001** Daytime Phone #

CR2E037 (10/00)