

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90129 002 *****61.25

0022780

DOCUMENT # N12967

1. Entity Name

FLORIDA AMERICAN INSTITUTE OF BANKING, INC.

Principal Place of Business

Mailing Address

2801 S BAY ST
 SUITE B
 EUSTIS FL 32726
 US

2801 S BAY ST
 SUITE B
 EUSTIS FL 32726
 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

59-2816116

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

BOYER, JEAN K
2801 S BAY ST
SUITE B
EUSTIS FL 32726-6503

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. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **YARBROUGH, KATHY**
 CITY-ST-ZIP **2801 S BAY ST**
EUSTIS FL 32726

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

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **DEVANE-KIGHT, MELODY**
 CITY-ST-ZIP **601 N MONROE ST**
TALLAHASSEE FL 32301

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

TITLE ☐ Delete
 NAME **M**
 STREET ADDRESS **BOYER, JEAN**
 CITY-ST-ZIP **2801 S BAY STREET, #B**
EUSTIS FL 32726-6503

TITLE ☒ Change ☐ Addition
 NAME **JEAN K. CAMPBELL**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **BARTON, GLEN**
 CITY-ST-ZIP **2921 ROBERTS AVE**
TALLAHASSEE FL 32310

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

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **PATTIE, SUSAN**
 CITY-ST-ZIP **203 E SILVER SPRINGS BLVD**
OCALA FL 34470

TITLE ☒ Change ☐ Addition
 NAME **PPD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **PPD**
 STREET ADDRESS **MCCULLOUGH, BARBARA**
 CITY-ST-ZIP **101 E 23RD ST**
PANAMA CITY FL 32405

TITLE ☐ Change ☒ Addition
 NAME **PD**
 STREET ADDRESS **RHETT TUCKER**
 CITY-ST-ZIP **2720 W TENNESSEE STREET**
TALLAHASSEE FL 32304-2840

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)