## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N96000003904

Entity Name: ALLIED COMMUNITY TRUST, INC.

May 01, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 11384 128TH STREET 9280 129TH ROAD LIVE OAK, FL 32060 LIVE OAK, FL 32060 **Current Mailing Address: New Mailing Address:** P.O. BOX 216 LIVE OAK, FL 320640216 FEI Number: 59-3400408 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FOREST, TRACY A FOREST, TRACY A 11384 128TH ST 9280 129TH ROAD LIVE OAK, FL 32060 US US LIVE OAK, FL 32060 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: 05/01/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition FOREST, TRACY A FOREST, TRACY A Name: Name: 11384 128TH STREET Address: 9280 129TH ROAD Address: City-St-Zip: LIVE OAK, FL 32060 City-St-Zip: LIVE OAK, FL 32060 Title: SD () Delete Title: () Change () Addition ROBINSON, SHERRY A Name: Name: Address: 6905 BROOKS ROAD Address: City-St-Zip: HIGHLAND, MD 20777 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition ROBINSON, LORI M Name: ROBINSON, LORI M Name: 5721 SW 16TH STREET 5721 SW 16TH STREET Address: Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: PLANTATION, FL 33317 Title: TD ( ) Delete Title: TD (X) Change ( ) Addition Name: FOREST, EDWARD F Name: FOREST, EDWARD F Address: 11 DUFFY TERRACE Address: 9280 129TH ROAD City-St-Zip: PORTSMOUTH, RI 02871 City-St-Zip: LIVE OAK, FL 32060 Title: () Delete Title: () Change () Addition YULEE, CASSANDRA P Name: Name: 8239 105TH ROAD Address: Address: City-St-Zip: LIVE OAK, FL 32060 City-St-Zip: Title: (X) Delete Title: () Change () Addition MCKINNEY, LISA Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: TRACY A. FOREST CD 05/01/2002

Address:

City-St-Zip:

8506 56TH TRAIL

LIVE OAK, FL 32060