

# 2001 UNIFORM BUSINESS REPORT (UBR)

0460700

DOCUMENT # P00000095147

1. Entity Name

THE COMMUNITY TRUST CORPORATION

Principal Place of Business

11989 BUCK LAKE RD  
TALLAHASSEE FL 32311

Mailing Address

11989 BUCK LAKE RD  
TALLAHASSEE FL 32311

2. Principal Place of Business

251 E. Harrison St

Suite, Apt. #, etc.

3. Mailing Address

251 E. Harrison St

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32301

Country

USA

City & State

Tallahassee FL

Zip

32301

Country

USA

4. FEI Number

593681693

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

WILLIAMS, ISAAC  
11989 BUCK LAKE RD  
TALLAHASSEE FL 32311

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, 2001 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 ☐ Delete  
NAME D  
STREET ADDRESS WILLIAMS, ISAAC  
CITY-ST-ZIP 11989 BUCK LAKE RD  
TALLAHASSEE FL 32311

TITLE ☐ Change ☐ Addition  
NAME 300004161483-2  
STREET ADDRESS -05/08/01--01033--015  
CITY-ST-ZIP \*\*\*\*\*150.00 \*\*\*\*\*150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2001

Date

(850) 577 1738

Daytime Phone #

CR2E034 (10/00)

FILED  
01 APR 25 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE