

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State
 08-07-2002 90196 004 ***550.00

DOCUMENT # P01000100765

1. Entity Name
CENTRAL FLORIDA STATE BANK

Principal Place of Business
 11800 SOUTH US HIGHWAY 441
 BELLEVUE FL 34420

Mailing Address
 11800 SOUTH US HIGHWAY 441
 BELLEVUE FL 34420

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 D ☐ Delete
NAME AMATEA, FRANK C
STREET ADDRESS 2323 SE 15TH ST
CITY-ST-ZIP Ocala FL 34471

TITLE D ☐ Change ☒ Addition
NAME MURPHY, Jerry R
STREET ADDRESS 138 Juniper Trail
CITY-ST-ZIP Ocala, FL 34480

TITLE D ☐ Delete
NAME BOLLING, RICKEY J
STREET ADDRESS 993 SE 69TH PL
CITY-ST-ZIP Ocala FL 34480

TITLE P ☐ Change ☒ Addition
NAME Phinney, Edward E.
STREET ADDRESS 2544 SE 5th St.
CITY-ST-ZIP Ocala, FL 34471

TITLE D ☐ Delete
NAME FOX, MARY F
STREET ADDRESS 11845 SE 169TH AVE RD
CITY-ST-ZIP Ocklawaha FL 32179

TITLE V ☐ Change ☒ Addition
NAME Ruttanber, Jeffrey M.
STREET ADDRESS 537 SW 39th Terr
CITY-ST-ZIP Ocala, FL 34471

TITLE D ☐ Delete
NAME HANSER, S ALBERT
STREET ADDRESS 1517 SAND CASTLE RD
CITY-ST-ZIP SANIBEL ISLAND FL 33957

TITLE T ☐ Change ☒ Addition
NAME Schuler, Hester E.
STREET ADDRESS 3240 SW 34th St.
CITY-ST-ZIP Ocala, FL 34474

TITLE D ☐ Delete
NAME HILDNER, JOSEPH C
STREET ADDRESS 976 NE 51ST AVE
CITY-ST-ZIP Ocala FL 33470

TITLE D ☐ Change ☒ Addition
NAME Stechschulte, C. John
STREET ADDRESS 5813 NW 80th AVE Rd.
CITY-ST-ZIP Ocala, FL 34482

TITLE D ☐ Delete
NAME MCLAUGHLIN, PATRICK A
STREET ADDRESS 1365 SE 73RD PL
CITY-ST-ZIP Ocala FL 34480

TITLE D ☐ Change ☒ Addition
NAME ZANETTI, GENE V.
STREET ADDRESS 2050 E. Silver Spgs Blvd.
CITY-ST-ZIP Ocala, FL 34471

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

Edward E. Phinney
 PRES.

8/2/02

352-347-4800
 Daytime Phone #

CR2E034 (4/02)