

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000073111

1. Entity Name

PREMIER BANK

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90037 041 \*\*\*150.00

Principal Place of Business

Mailing Address

3110 CAPITAL CIRCLE NE  
TALLAHASSEE FL 32308  
US

P.O. BOX 3606  
TALLAHASSEE FL 32315-3606  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3228475

Applied For

Not Applicable

Zip

Country

Zip

Country

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.

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, 2000 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  
BOYLE, DENNIS O  
STREET ADDRESS 3078 SHAMROCK N  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Change ☒ Addition  
NAME Director  
Tom C. HANEY M.D.  
STREET ADDRESS 3489 CEDAR LANE  
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE ☒ Delete  
NAME ~~D~~  
~~FITZGERALD, DENNIS J~~  
STREET ADDRESS ~~791 RHODEN COVE RD~~  
CITY-ST-ZIP ~~TALLAHASSEE FL~~

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

TITLE ☐ Delete  
NAME D  
CAMPS JR, JOSEPH L  
STREET ADDRESS 1315 HODGES DR.  
CITY-ST-ZIP TALLAHASSEE FL 32308

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

TITLE ☐ Delete  
NAME D  
LANGFORD, A. LAWTON  
STREET ADDRESS 2941 BRANDEMERE  
CITY-ST-ZIP TALLAHASSEE FL 32312

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

TITLE ☐ Delete  
NAME D  
WILLIS, CYNTHIA P  
STREET ADDRESS 2059 MILLER LANDING  
CITY-ST-ZIP TALLAHASSEE FL 32312

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

TITLE ☐ Delete  
NAME D  
HOWELL, WINSTON  
STREET ADDRESS 3120 SHANNON LAKES DRIVE NORTH  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

*Bryan Robinson*  
BRYAN ROBINSON  
S.C. UP/Comptroller

Date

2/4/00

Daytime Phone #

850-386-1585

CR2E034 (9/99)