

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000023557

1. Entity Name

FIRST BANKSHARES, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90031 024 \*\*\*150.00

Principal Place of Business

2160 HWY 434 W  
LONGWOOD FL 32779

Mailing Address

2160 HWY 434 W  
LONGWOOD FL 32779-5003

2. Principal Place of Business

369 NORTH NEW YORK AVE

3. Mailing Address

369 NORTH NEW YORK AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

City & State

WINTER PARK, FL

4. FEI Number

59-3368752

Applied For

Not Applicable

Zip

32789

Country

ORANGE

Zip

32789

Country

ORANGE

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

HALL, CHARLES H  
2160 HWY 434 W  
LONGWOOD FL 32779

Name

CHARLES W. HALL

Street Address (P.O. Box Number is Not Acceptable)

369 NORTH NEW YORK AVE

City

WINTER PARK

FL

Zip Code

32789

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	CD	<input type="checkbox"/> Delete
NAME	MILLS, RUSSELL	
STREET ADDRESS	2160 HWY 434 W	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	S	<input type="checkbox"/> Delete
NAME	HALL, CHARLES H	
STREET ADDRESS	2160 HWY 434 WEST	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HICKMAN, ANDRE	
STREET ADDRESS	2160 HWY 434 W	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	3D	<input type="checkbox"/> Delete
NAME	PATEL, PERRY	
STREET ADDRESS	ROXBURGHOUSE, 273-287 REGENT ST	
CITY-ST-ZIP	LONDON UK WIR- 7PB	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	369 NORTH NEW YORK AVE.	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES W. HALL	
STREET ADDRESS	369 NORTH NEW YORK AVE	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	G. GEORGEY LONGSTAFF	
STREET ADDRESS	369 NORTH NEW YORK AVE	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GENE JOSEPHS	
STREET ADDRESS	369 NORTH NEW YORK AVE	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARD J. KLEIMAN	
STREET ADDRESS	369 NORTH NEW YORK AVE	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DWANE L. WILLET	
STREET ADDRESS	369 NORTH NEW YORK AVE	
CITY-ST-ZIP	WINTER PARK, FL 32789	

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:

*Charles W. Hall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02  
Date

407-622-5000  
Daytime Phone # X258

CR2E034 (9/99)