

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90023 022 \*\*\*150.00

DOCUMENT # P95000023557

1. Entity Name

FIRST BANKSHARES, INC.

Principal Place of Business

369 N NEW YORK AVE  
WINTER PARK FL 32789

Mailing Address

369 N NEW YORK AVE  
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3368752

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HALL, CHARLES H  
369 N NEW YORK AVE  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

DEBORAH L. McKillop

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

369 N. 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

Deborah L. McKillop, Secy/Treas

4/24/01

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	MILLS, RUSSELL	
STREET ADDRESS	369 N NEW YORK AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	S	<input type="checkbox"/> Delete
NAME	HALL, CHARLES W	
STREET ADDRESS	369 N NEW YORK AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LONGSTAFF, G G	
STREET ADDRESS	369 N NEW YORK AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	3D	<input type="checkbox"/> Delete
NAME	PATEL, PERRY	
STREET ADDRESS	ROXBURGHEGHOUSE, 273-287 REGENT ST	
CITY-ST-ZIP	LONDON UK WIR- 7PB	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOSEPHS, GENE	
STREET ADDRESS	369 N NEW YORK AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KLEIMAN, EDWARD J	
STREET ADDRESS	369 N NEW YORK AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, RUSSELL	
STREET ADDRESS	SAME	
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, CHARLES W	
STREET ADDRESS	SAME	
CITY-ST-ZIP		
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McKillop, Deborah L	
STREET ADDRESS	369 N. New York Ave	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATEL, SUSMA	
STREET ADDRESS	ROXBURGHE HOUSE, 273-287 REGENTS ST.	
CITY-ST-ZIP	LONDON, ENGLAND W1R7PB	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATEL, SUKETU	
STREET ADDRESS	ROXBURGHE HOUSE, 273-287 REGENTS ST.	
CITY-ST-ZIP	LONDON, ENGLAND W1R7PB	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Deborah L. McKillop DEBORAH L. McKillop

4/24/01

407/622-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)