

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000040838

1. Entity Name

CITIZENS COMMUNITY BANCORP, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90199 045 ***150.00

Principal Place of Business

650 E ELKCAM CIR
MARCO ISLAND FL 34145
US

Mailing Address

P O BOX 1999
MARCO ISLAND FL 34146-1999
US

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 **65-0614044**

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

IGLER & DOUGHERTY
1501 PARK AVE. EAST
TALLAHASSEE FL 32301

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	D	<input type="checkbox"/> Delete
NAME	BEYER, DIANE	
STREET ADDRESS	3953 DEEP PASSAGE LOAY	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COX, JOEL M SR.	
STREET ADDRESS	606 BALD EAGLE DR., STE. 301	
CITY-ST-ZIP	MARCO ISLAND FL 33937	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARRISON, THOMAS	
STREET ADDRESS	1120 SILVER SANDS AVE.	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOGEDORN, JAMES	
STREET ADDRESS	1692 SAN MARCO RD	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LYNCH, DENNIS	
STREET ADDRESS	540 BRENTWOOD POINT	
CITY-ST-ZIP	NAPLES FL 33963	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	MCLAUGHLIN, STEPHEN A	
STREET ADDRESS	650 E ELKCAM CIR	
CITY-ST-ZIP	MARCO ISLAND FL 34145	

TITLE	P/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRZGORY E. SMITH	
STREET ADDRESS	5101 EAST TAMiami TRAIL	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE	UP/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCE G. FEDOR	
STREET ADDRESS	5101 EAST TAMiami TRAIL	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD STORM, JR	
STREET ADDRESS	215 VILLAS AT WATERSIDE UNIT 201	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHEN A. MC LAUGHLIN	
STREET ADDRESS	650 EAST ELKCAM CIRCLE	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS J. LYNCH	
STREET ADDRESS	567 AUDUBON BLVD, APT 301	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUIS J. SMITH	
STREET ADDRESS	8949 LELY CIRCLE	
CITY-ST-ZIP	NAPLES, FL 34113	

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

BRUCE G. FEDOR

Date

Daytime Phone #

1/24/00 (941) 775-0074

CR2E034 (9/99)