

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90105 005 ***150.00

DOCUMENT # P96000002409

1. Entity Name

CITIZENS COMMUNITY BANK OF FLORIDA

Principal Place of Business

650 E. ELKCAM CIRCLE
MARCO ISLAND FL 34145

Mailing Address

650 E. ELKCAM CIRCLE
MARCO ISLAND FL 34145-2877

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 **65-0619519**

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.

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** ☐ Delete
NAME **BEYER, DIANE M**
STREET ADDRESS **3953 DEEP PASSAGE WAY**
CITY-ST-ZIP **NAPLES FL 34109-0779**

TITLE **VP** ☐ Change ☐ Add
NAME **BRUCE G. FEDOR**
STREET ADDRESS **5101 EAST TAMiami TRAIL**
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE **D** ☐ Delete
NAME **COX, JOEL M**
STREET ADDRESS **606 BALD EAGLE DR**
CITY-ST-ZIP **MARCO ISLAND FL 33937**

TITLE **P** ☐ Change ☐ Add
NAME **GREGORY E. SMITH**
STREET ADDRESS **5101 EAST TAMiami TRAIL**
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE **D** ☐ Delete
NAME **GREUSEL, JAMIE B**
STREET ADDRESS **1104 N. COLLIER BLVD.**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **D. ROBERT C. MOATES** ☐ Change ☐ Add
NAME **1210 YESICA ANN CIRCLE**
STREET ADDRESS **NAPLES, FL 34110**

TITLE **D** ☐ Delete
NAME **HAGEDORN, JAMES S**
STREET ADDRESS **1692 SAN MARCO ROAD**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **D. ROBERT D. MATHEWS** ☐ Change ☐ Add
NAME **1320 FOREST COURT**
STREET ADDRESS **MARCO ISLAND, FL 34145**

TITLE **D** ☐ Delete
NAME **MARKS, ROBERT A**
STREET ADDRESS **58 N. COLLIER BLVD., #2009**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **D** ☐ Change ☐ Add
NAME **KATHLEEN C. PASSIDOMO**
STREET ADDRESS **2640 GOLDEN GATE PARKWAY**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **DC** ☐ Delete
NAME **STORM, RICHARD JR**
STREET ADDRESS **264 ROCK HILL COURT**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **D. GERALD F. WARNKEN** ☐ Change ☐ Add
NAME **2071 SEVILLA WAY**
STREET ADDRESS **NAPLES FL 34109**

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

1/24/00 (941) 775-0074
BRUCE G. FEDOR Date Daytime Phone #