

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000018022

1. Entity Name

CF BANCSHARES, INC.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90054 013 \*\*\*150.00

Principal Place of Business

Mailing Address

401 FIFTH STREET  
PORT ST. JOE FL 32456

401 FIFTH STREET  
PORT ST. JOE FL 32456-1911

2. Principal Place of Business

401 Cecil G. Costin Sr. Blvd

3. Mailing Address

P. O. Box 368

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St. Joe, FL

City & State

Port St. Joe, FL

4. FEI Number

59-3393707

Applied For

Not Applicable

Zip

32456

Country

USA

Zip

32457

Country

USA

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 & DAUGHERTY, P.A.  
1501 PARK AVENUE 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 DC ☒ Delete  
NAME HANNON, FRANK  
STREET ADDRESS 501 MONUMENT AVE  
CITY-ST-ZIP PORT ST. JOE FL 32456

TITLE DT ☐ Change ☒ Addition  
NAME Shoaf, Stuart L.  
STREET ADDRESS 1902 Monument Ave  
CITY-ST-ZIP Port St. Joe, FL 32456

TITLE SD ☐ Delete  
NAME COSTIN, CHARLES A  
STREET ADDRESS 612 CAPE PLANTATION DRIVE  
CITY-ST-ZIP PORT ST. JOE FL 32456

TITLE D ☐ Change ☒ Addition  
NAME Smith, Jasper Leroy  
STREET ADDRESS 905 Monument Ave  
CITY-ST-ZIP Port St. Joe, FL 32456

TITLE PD ☐ Delete  
NAME JOHNSON, GREG  
STREET ADDRESS 101 ALLEN MEMORIAL WAY  
CITY-ST-ZIP PORT ST. JOE FL 32456

TITLE DC ☐ Change ☒ Addition  
NAME May, David B  
STREET ADDRESS 105 Allen Memorial Way  
CITY-ST-ZIP Port St. Joe, FL 32456

TITLE D ☐ Delete  
NAME MARSHALL, DWIGHT I JR  
STREET ADDRESS 956 W. GORRIE  
CITY-ST-ZIP ST. GEORGE ISLAND FL 32465

TITLE V ☐ Change ☒ Addition  
NAME Leibold, Mary K.  
STREET ADDRESS 719 Gulfaire Dr.  
CITY-ST-ZIP Port St. Joe, FL 32456

TITLE D ☐ Delete  
NAME REVELL, FOREST A  
STREET ADDRESS HIGHWAY 22  
CITY-ST-ZIP WEWAHITCHKA FL 32465

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

TITLE D ☐ Delete  
NAME BARRIER, W.W. JR  
STREET ADDRESS 1411 MONUMNET AVENUE  
CITY-ST-ZIP PORT ST. JOE FL 32456

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

Date

Daytime Phone #

CR2E034 (9/99)