

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90002 040 ***550.00

0448932

DOCUMENT # P97000057334

1. Entity Name:

PSB BANCGROUP, INC.

Principal Place of Business

**500 S FIRST ST
 STE ONE
 LAKE CITY FL 32025
 US**

Mailing Address

**POB 2199
 LAKE CITY FL 32066-2199
 US**

000411



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3454146**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 & DOUGHTERY, 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.

(NOT 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C-D	<input type="checkbox"/> Delete
NAME	MILTON, ALTON C SR.	
STREET ADDRESS	2732 S FIRST ST	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	WOODARD, ROBERT W	
STREET ADDRESS	2451 CASTLE HEIGHTS DR.	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNS, JOHN W III	
STREET ADDRESS	RT 3 BOX 319	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	D	<input type="checkbox"/> Delete
NAME	EADIE, ROBERT M	
STREET ADDRESS	RT. 13 BOX 559	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MOORE, ANDREW	
STREET ADDRESS	104 FAIRWAY DR	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, ANDREW T	
STREET ADDRESS	RT 18, BOX 600	
CITY-ST-ZIP	LAKE CITY FL 32025	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIHERD, THOMAS M II	
STREET ADDRESS	333 NW 2ND ST	
CITY-ST-ZIP	LAKE BUTLER, FL 32054	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MHATRE, SHILPA	
STREET ADDRESS	650 E. BAYA AVE	
CITY-ST-ZIP	LAKE CITY, FL 32025	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILTON, ALTON C JR.	
STREET ADDRESS	2732 S FIRST ST	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT W. WOODARD

Date

Daytime Phone #

5/22/01 386-754-0002

CR2E034 (10/00)