

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011239

1. Entity Name

CITIZENS BANCSHARES, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90007 014 ***150.00

Principal Place of Business

2628 CRAWFORDVILLE HWY
CRAWFORDVILLE FL 32327-1240

Mailing Address

P.O. BOX 1240
CRAWFORDVILLE FL 32326-1240

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

59-3504353

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, 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 SD ☐ Delete
NAME PAYNE, MARK W
STREET ADDRESS 38 HIGHLAND ST.
CITY-ST-ZIP CRAWFORDVILLE FL 32327

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

TITLE D ☐ Delete
NAME MILLS, WILLIAM E
STREET ADDRESS 4202 COASTAL HIGHWAY
CITY-ST-ZIP CRAWFORDVILLE FL 32327

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

TITLE S ☒ Delete
NAME OAKS, DENISE B
STREET ADDRESS P.O. BOX 1391 N/A
CITY-ST-ZIP CRAWFORDVILLE FL 32326

TITLE PD ☐ Change ☐ Addition
NAME Young, L.E. Jr.
STREET ADDRESS P.O. Box 816
CITY-ST-ZIP Crawfordville, FL 32326

TITLE CD ☐ Delete
NAME BROWN, EDWIN G
STREET ADDRESS P.O. BOX 625 N/A
CITY-ST-ZIP CRAWFORDVILLE FL 32326

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE EVP/D ☐ Change ☐ Addition
NAME Davis, Jack D. Jr.
STREET ADDRESS P.O. Box 514
CITY-ST-ZIP Sopchoppy, FL 32358

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Required
Young, Jr.

2/10/00

(850) 926-5211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)