

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
03-01-2001 90012 007 ***150.00

DOCUMENT # P98000011239

1. Entity Name

CITIZENS BANCSHARES, INC.

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	SD			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	PAYNE, MARK W	38 HIGHLAND ST.	CRAWFORDVILLE FL 32327							
	D			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	MILLS, WILLIAM E	4202 COASTAL HIGHWAY	CRAWFORDVILLE FL 32327							
	PD			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	YOUNG, L.F. JR.	PO BOX 816	CRAWFORDVILLE FL 32326							
	CD			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	BROWN, EDWIN G	P.O. BOX 625 N/A	CRAWFORDVILLE FL 32326							
	EVPD			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	DAVIS, JACK D JR	PO BOX 514	SOPCHOPPY FL 32358							
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)