

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90021 014 \*\*\*150.00

**DOCUMENT # P98000054182**

1. Entity Name

**FIRST NATIONAL BANCSHARES, INC.**

Principal Place of Business

Mailing Address

**5817 MANATEE AVE WEST  
BRADENTON FL 34209****5817 MANATEE AVE WEST  
BRADENTON FL 34209-2542**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**06-1522028**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****FAUSSET, GLEN W  
C/O 1ST NATIONAL BANK & TRUST  
5817 MANATEE AVE WEST  
BRADENTON FL 34209**

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)**XX****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 NAME STREET ADDRESS CITY-ST-ZIP	<b>CCEO DUPONT, FRANCIS I III 5817 MANATEE AVENUE WEST BRADENTON FL 34209</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/C/DEO DUPONT, FRANCIS I III 5817 MANATEE AVENUE WEST BRADENTON FL 34209</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCOO FAUSSET, GLEN W 5817 MANATEE AVENUE WEST BRADENTON FL 34209</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P/COO FAUSSET, GLEN W 5817 MANATEE AVENUE WEST BRADENTON FL 34209</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MATEJCEK, ROBERT 5817 MANATEE AVENUE WEST BRADENTON FL 34209</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BEVERLY BEALL 5817 MANATEE AVENUE WEST BRADENTON FL 34209</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S O'REILLY, ANGELA A 5817 MANATEE AVENUE WEST BRADENTON FL 34209</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROBERT G. BLALOCK 5817 MANATEE AVENUE WEST BRADENTON FL 34209</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ALLEN J BUTLER 5817 MANATEE AVENUE WEST BRADENTON FL 34209</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROSEMARY CARLSON 5817 MANATEE AVENUE WEST BRADENTON FL 34209</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Matejcek****4/7/00**

Date

**941-746-4964**

Daytime Phone #

**x 31**

B0160737  
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2000 UNIFORM BUSINESS REPORT (UBR) CONT'D

DOCUMENT #P98000054182

ENTITY NAME: FIRST NATIONAL BANCSHARES, INC.

ADDRESS: 5817 MANATEE AVENUE WEST  
BRADENTON FL 34209

FEI NUMBER: 06-1522028

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:	D	<input checked="" type="checkbox"/> ADDITION
NAME:	STEPHEN J KORCHECK	
STREET ADDRESS:	5817 MANATEE AVENUE WEST	
CITY-ST-ZIP:	BRADENTON FL 34209	
TITLE:	D	<input checked="" type="checkbox"/> ADDITION
NAME:	DR. WILLIAM J THOMPSON	
STREET ADDRESS:	5817 MANATEE AVENUE WEST	
CITY-ST-ZIP:	BRADENTON FL 34209	
TITLE:	D	<input checked="" type="checkbox"/> ADDITION
NAME:	RAYMOND A WEIGEL III	
STREET ADDRESS:	5817 MANATEE AVENUE WEST	
CITY-ST-ZIP:	BRADENTON FL 34209	
TITLE:	D	<input checked="" type="checkbox"/> ADDITION
NAME:	DAN C ZOLLER	
STREET ADDRESS:	5817 MANATEE AVENUE WEST	
CITY-ST-ZIP:	BRADENTON FL 34209	