

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065106

1. Entity Name

PEOPLES STATE BANK

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

03-23-2000 90034 002 ***158.75

Principal Place of Business

500 S 1ST STREET
LAKE CITY FL

Mailing Address

500 S 1ST STREET
LAKE CITY FL 32025-5204

2. Principal Place of Business

3. Mailing Address

P.O. Box 2199

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake City, FL

Zip

Country

Zip

Country

32056

USA

4. FEI Number 59-3512544

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

Name

Igler & Dougherty, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1501 Park Avenue East

City

Tallahassee

FL

Zip Code

32301

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 date 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 D
NAME MILTON, ALTON CARL
STREET ADDRESS 2732 S 1ST ST
CITY-ST-ZIP LAKE CITY FL 32025 ☒ Delete

TITLE P, D
NAME Wesley T. Small
STREET ADDRESS 3078 Augusta Drive W
CITY-ST-ZIP Clearwater, FL 33761 ☐ Change ☒ Addition

TITLE EVPD
NAME WOODWARD, ROBERT WAYNE
STREET ADDRESS 2451 CASTLE HEIGHTS DR
CITY-ST-ZIP LAKE CITY FL 32025 ☐ Delete

TITLE D
NAME Frank Anthony Broome, III
STREET ADDRESS 2902 224th Street
CITY-ST-ZIP Lake City, FL 32024 ☐ Change ☒ Addition

TITLE D
NAME EADIE, HENNY BOZEMAN III
STREET ADDRESS RT 5, BOX 913
CITY-ST-ZIP LAKE CITY FL 32024 ☐ Delete

TITLE D
NAME
STREET ADDRESS Rt. 22, Box 2913
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D
NAME RATLIFF, ROGER WAYNE
STREET ADDRESS RT 4, BOX 77-B
CITY-ST-ZIP JASPER FL 32052 ☐ Delete

TITLE D
NAME Garland Kirby
STREET ADDRESS 445 S. Seventh Street
CITY-ST-ZIP Lake City, FL 32025 ☐ Change ☒ Addition

TITLE D
NAME BREWER, SAMUEL FORD
STREET ADDRESS 226 PARK LANE
CITY-ST-ZIP LAKE CITY FL 32025 ☐ Delete

TITLE
NAME
STREET ADDRESS 512 W. Montgomery St.
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE CD
NAME MILTON, ALTON CARL
STREET ADDRESS 2732 S. FIRST ST.
CITY-ST-ZIP LAKE CITY FL 32025 ☐ Delete

TITLE S
NAME Jimmie A. Kirk
STREET ADDRESS Rt. 13, Box 1019-A
CITY-ST-ZIP Lake City, FL 32055 ☐ Change ☒ Addition

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:

Robert W. Woodard Robert W. Woodard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/00

Date

904/754-0002

Daytime Phone #

Attach.
C0043849
P98000065106

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Ratliff, Roger Wayne 14860 SE C.R. 137 Jasper, FL 32052	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'Steen, Wyatt Leon, Sr. Rt. 2, Box 405 Mayo, FL 32066	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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