

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065106

1. Entity Name  
PEOPLES STATE BANK

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

05-29-2001 90002 041 \*\*\*550.00

Principal Place of Business

500 S 1ST STREET  
LAKE CITY FL

Mailing Address

P.O. BOX 2199  
LAKE CITY FL 32056  
US

000410



DO NOT WRITE IN THIS SPACE

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 **59-3512544**

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

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**  
**After MAY 1, 2001**  
**Fee IS \$150.00**  
**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	PD	<input type="checkbox"/> Delete
NAME	SMALL, WESLEY T	
STREET ADDRESS	3078 ANGUSTA DRIVE W	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	EVDP	<input type="checkbox"/> Delete
NAME	WOODWARD, ROBERT WAYNE	
STREET ADDRESS	2451 CASTLE HEIGHTS DR	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	D	<input type="checkbox"/> Delete
NAME	EADIE, RENNY BOZEMAN III	
STREET ADDRESS	RT. 22 BOX 2913	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	D	<input type="checkbox"/> Delete
NAME	RATLIFF, ROGER WAYNE	
STREET ADDRESS	RT 4, BOX 77-B	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	D	<input type="checkbox"/> Delete
NAME	BREWER, SAMUEL FORD	
STREET ADDRESS	512 W. MONTGOMERY ST.	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MILTON, ALTON CARL	
STREET ADDRESS	2732 S. FIRST ST.	
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	BROOME, FRANK A. III	
STREET ADDRESS	2902 224TH ST	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRBY, GARLAND	
STREET ADDRESS	204 BRADY CIRCLE	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OSTEEN WYATTE	
STREET ADDRESS	RT 2 BOX 405	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALL WESLEY T.	
STREET ADDRESS	RT 15 BOX <del>3700</del> 37010	
CITY-ST-ZIP	LAKE CITY FL 32024	
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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

*Wesley T. Small*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WESLEY T. SMALL

5/22/01

Date

386-754-0002

Daytime Phone #

CR2E034 (10/00)