2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State
01-22-2001 90001 048 ***150.00

0394196

DOCUMENT # P98000080697

1. Entity Name
CITIZENS BANCSHARES OF SOUTHWEST FLORIDA, INC.

700561

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3411 TAMIAMI TRAIL, NORTH SUITE 200 NAPLES FL 34103 US	3411 TAMIAMI TRAIL, NORTH SUITE 200 NAPLES FL 34103 US

2. Principal Place of Business	3. Mailing Address
3401 Tamiami Trail, North	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, Florida 34103	City & State
Zip: 34103 Country: U.S.A.	Zip Country

4. FEI Number 59-3535315 ☐ 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
ROGERS, POLLY M , President ~~3004 TAMIAMI TRAIL NORTH~~ x 3401 Tamiami Trail, North ~~4TH FLOOR~~ Naples, Florida 34103 ~~NAPLES FL 34101~~	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	CD MCMULLAN, MICHAEL 3411 TAMIAMI TRAIL, NORTH NAPLES FL 34103	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO McMullan, Michael 3401 Tamiami Trail, North Naples, Florida 34103	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COX, JOE B 3411 TAMIAMI TRAIL, NORTH NAPLES FL 34103	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman Cox, Joe B. 3401 Tamiami Trail, North Naples, Florida 34103	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES, JOHN B 3411 TAMIAMI TRAIL, NORTH NAPLES FL 34103	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary James, John B. 3401 Tamiami Trail, North Naples, Florida 34103	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: Polly M. Rogers 1/11/01 941-643-4646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #