

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000098056**1. Entity Name
FLORIDA CITIZENS BANK

Principal Place of Business

720 S PINE AVE

OCALA

FL

Mailing Address

720 S PINE AVE

OCALA

FL

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

59-3543636

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

0000

Name

WALLS CARL FPRESIDEStreet Address (P.O. Box Number is Not Acceptable)
3518 SW ARCHER RD.City
GAINESVILLE**FL**Zip Code
32605

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 **CARL WALLS****04/27/2001**

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 **D** ☐ Delete
NAME **ELLIS LARRY T**
STREET ADDRESS **5400 NW 39 AVE #M103**
CITY-ST-ZIP **GAINESVILLE FL 32614**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **DEAN JONATHAN S**
STREET ADDRESS **14035 NW CR 464-B**
CITY-ST-ZIP **MORRISTON FL 32668**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **DAVIS JOSEPH W**
STREET ADDRESS **1401 NW 60TH ST**
CITY-ST-ZIP **GAINESVILLE FL 32605**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **CRAWFORD GEORGE T**
STREET ADDRESS **2310 SE 8TH ST**
CITY-ST-ZIP **GAINESVILLE FL 34471**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **BUTLER DEBORAH J**
STREET ADDRESS **2306 SW 13TH ST**
CITY-ST-ZIP **GAINESVILLE FL 32608**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **BOVAY JOHN C**
STREET ADDRESS **6305 SW 103RD ST**
CITY-ST-ZIP **GAINESVILLE FL 32608**TITLE ☐ Change ☐ 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 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: **Sheri Higginbotham**

SVP

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)