

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000098056

FILED  
Apr 29, 2003  
Secretary of State

Entity Name: FLORIDA CITIZENS BANK

## Current Principal Place of Business:

720 S PINE AVE  
OCALA, FL

## New Principal Place of Business:

3919 W. NEWBERRY ROAD  
GAINESVILLE, FL 32607

## Current Mailing Address:

720 S PINE AVE  
OCALA, FL

## New Mailing Address:

FEI Number: 59-3543636

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

WALLS, CARL F  
3919 W. NEWBERRY RD  
GAINESVILLE, FL 32607

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

04/29/2003

Electronic Signature of Registered Agent

Date

## Election Campaign Financing Trust Fund Contribution ( )

### OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BOVAY, JOHN C  
Address: 6305 SW 103RD ST  
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete  
Name: BUTLER, DEBORAH J  
Address: 2306 SW 13TH ST  
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete  
Name: CRAWFORD, GEORGE T  
Address: 2310 SE 8TH ST  
City-St-Zip: GAINESVILLE, FL 34471

Title: D ( ) Delete  
Name: DAVIS, JOSEPH W  
Address: 1401 NW 60TH ST  
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete  
Name: DEAN, JONATHAN S  
Address: 14035 NW CR 464-B  
City-St-Zip: MORRISTON, FL 32668

Title: D ( ) Delete  
Name: ELLIS, LARRY T  
Address: 5400 NW 39 AVE #M103  
City-St-Zip: GAINESVILLE, FL 32614

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERI HIGGINBOTHAM

SVP

04/29/2003

Electronic Signature of Signing Officer or Director

Date