

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90024 050 ***150.00

DOCUMENT # P99000004094

1. Entity Name

MILLENNIUM BANK

Principal Place of Business

Mailing Address

**4340 W NEWBERRY ROAD
 GAINESVILLE FL 32607**

**4340 W NEWBERRY ROAD
 GAINESVILLE FL 32607-2241**

2. Principal Place of Business
same as above

3. Mailing Address
same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3517095

Applied For

Not Applicable

Zip

Country

Zip

Country

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

n/a

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, 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** ☐ Delete
 NAME **WILLIAMS, G. ANDREW**
 STREET ADDRESS **4340 W NEWBERRY ROAD**
 CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE **D** ☐ Change ☒ Addition
 NAME **Barry Bullard**
 STREET ADDRESS **150 NW 75th Drive Suite A**
 CITY-ST-ZIP **Gainesville FL 32608**

TITLE **D** ☐ Delete
 NAME **SIEGEL, BRENT G**
 STREET ADDRESS **4046 NEWBERRY ROAD**
 CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE **D** ☐ Change ☒ Addition
 NAME **Robert O Dale**
 STREET ADDRESS **222 NE 1st Street**
 CITY-ST-ZIP **Gainesville FL 32601**

TITLE **D** ☐ Delete
 NAME **BOSSHARDT, CAROL R**
 STREET ADDRESS **5542 NW 43RD STREET**
 CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE **D** ☐ Change ☒ Addition
 NAME **Miquel J Diaz**
 STREET ADDRESS **PO Box 13461**
 CITY-ST-ZIP **Gainesville FL 32604**

TITLE **D** ☐ Delete
 NAME **DAUGHERTY, HARRY H**
 STREET ADDRESS **3010 NE WALDO ROAD**
 CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE **D** ☐ Change ☒ Addition
 NAME **Loralee Miller**
 STREET ADDRESS **5542 NW 43rd Street**
 CITY-ST-ZIP **Gainesville FL 32653**

TITLE **D** ☐ Delete
 NAME **MCGRIFF, PERRY C JR**
 STREET ADDRESS **1120 NW 13TH STREET**
 CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE **SVP & CFO** ☐ Change ☒ Addition
 NAME **Cynthia J. Delaparte**
 STREET ADDRESS **4340 Newberry Road**
 CITY-ST-ZIP **Gainesville FL 32607**

TITLE **D** ☐ Delete
 NAME **SMITH, LARRY N**
 STREET ADDRESS **7019 NW 11TH PLACE**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **SVP & Senior Lender** ☐ Change ☒ Addition
 NAME **Robert L Page**
 STREET ADDRESS **4340 Newberry Road**
 CITY-ST-ZIP **Gainesville FL 32607**

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:

Cynthia J. Delaparte
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cynthia J. Delaparte 1/26/00 352-335-0999
 Date Daytime Phone #