

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90028 035 ***150.00

DOCUMENT # P99000004094

1. Entity Name

MILLENNIUM BANK

Principal Place of Business

**4340 W NEWBERRY ROAD
GAINESVILLE FL 32607**

Mailing Address

**4340 W NEWBERRY ROAD
GAINESVILLE FL 32607**2. Principal Place of Business
same as above3. Mailing Address
same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3517095

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**

n/a

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.

(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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D + President	<input type="checkbox"/> Delete
NAME	WILLIAMS, G. ANDREW	
STREET ADDRESS	4340 W NEWBERRY ROAD	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIEGEL, BRENT G	
STREET ADDRESS	4046 NEWBERRY ROAD	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOSSHARDT, CAROL R	
STREET ADDRESS	5542 NW 43RD STREET	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAUGHERTY, HARRY H	
STREET ADDRESS	3010 NE WALDO ROAD	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGRIFF, PERRY C JR	
STREET ADDRESS	1120 NW 13TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, LARRY N	
STREET ADDRESS	4340 NEWBERRY RD. #301	
CITY-ST-ZIP	GAINESVILLE FL 32607	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barry Bullard	
STREET ADDRESS	150 NW 75th Drive Suite A	
CITY-ST-ZIP	Gainesville FL 32608	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert O Dale	
STREET ADDRESS	222 NE 1st Street	
CITY-ST-ZIP	Gainesville FL 32601	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Miguel J Diaz	
STREET ADDRESS	1505 SW 143rd Street	
CITY-ST-ZIP	Newberry FL 32669	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Loralee Miller	
STREET ADDRESS	5542 NW 43rd Street	
CITY-ST-ZIP	Gainesville FL 32653	
TITLE	SVP & CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cynthia J Delaparte	
STREET ADDRESS	4340 Newberry Road	
CITY-ST-ZIP	Gainesville FL 32607	
TITLE	SVP & Senior Lender	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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* **Cynthia J Delaparte**

1/10/02

352-335-0999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)