

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102520

1. Entity Name

APALACHICOLA STATE BANKING CORPORATION

Principal Place of Business

22 AVE. E.  
APALACHICOLA FL 32329

Mailing Address

22 AVE. E.  
APALACHICOLA FL 32329

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 3636560

APPLIED FOR

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

IGLER & DOUGHERTY, P.A.  
1501 PARK AVE. E.  
TALLAHASSEE FL 32301

Name

BARRY BRYNJOLFSSON

Street Address (P.O. Box Number is Not Acceptable)

212 AVENUE C

APALACHICOLA, FL 32320

City

APALACHICOLA

FL

Zip Code

32320

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

4/16/01

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  
D  
GANDER, JAMES V  
P.O. BOX 86 N/A  
APALACHICOLA FL 32329 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DC  
GANDER, JAMES V.  
999 BLUFF ROAD  
APALACHICOLA, FL 32320 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BRYNJOLFSSON, BARRY E  
212 AVE. C  
APALACHICOLA FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MILLENDER, FARRIS V.  
HWY 67  
CARRABELLE, FL 32322 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BRYANT, ALBERT JR  
P.O. BOX 543 N/A  
EASTPOINT FL 32328 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SHULER, J. GORDON  
100 21st ST  
APALACHICOLA, FL 32320 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
TAYLOR, AARON  
P.O. BOX 606 N/A  
EASTPOINT FL 32328 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RANDOLPH, CELVELAND W JR MD  
1174 SHIPWATCH DR. E.  
JACKSONVILLE FL 32225 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BLOODWORTH, LEON R  
P.O. BOX 684 N/A  
APALACHICOLA FL 32329-0684 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 20, 2001 8:00 am  
Secretary of State

04-20-2001 90197 015 \*\*\*150.00

00052386



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)