

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/29/00-90159-042-\$150.00-\$150.00

DOCUMENT # P99000111229

1. Entity Name

GULF COAST COMMUNITY BANCSHARES, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 29 PM 2:50

Principal Place of Business

125 N MAIN ST  
WEWAHITCHKA FL 32465

Mailing Address

125 N MAIN ST  
WEWAHITCHKA FL 32465

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

59-3634073

☒ 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

SUMNER, WILLIAM C  
125 N MAIN ST  
WEWAHITCHKA FL 32465

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D CATHEY, AL RT 3 BOX 136A1 PORT ST JOE FL 32458 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D CORE, GEORGE Y PO BOX 942 PORT ST JOE FL 32458 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D, Chairman of the Board GASKIN, JERALD D 236 OLD PANAMA HWY WEWAHITCHKA FL 32465 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D, President SUMNER, WILLIAM C 488 IDLEWOOD DR WEWAHITCHKA FL 32465 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D TRAYLOR, JAN C PO BOX 551 WEWAHITCHKA FL 32465 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Pres. Mrs. President Carolyn M. Husband 1010 Old Dairy Farm Rd Wewahitchka, FL ☐ Change ☒ Addition

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

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

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

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

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, or shall other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)