

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90013 007 ***150.00

DOCUMENT # S36570

1. Entity Name
CITIZENS FIRST BANK

Principal Place of Business		Mailing Address	
903 AVENIDA CENTRAL LADY LAKE FL 32159 US		903 AVENIDA CENTRAL LADY LAKE FL 32159-5705 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3018034		Applied For	
		<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name T. MICHAEL KILLINGSWORTH	
		Street Address (P.O. Box Number is Not Acceptable) 903 AVENIDA CENTRAL	
		City THE VILLAGES FL 32159	

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISE, JOHN F 12290 SW 16TH AVE OCALA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/CFO/SECRETARY T. MICHAEL KILLINGSWORTH 903 AVENIDA CENTRAL THE VILLAGES, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, MICHAEL S 33835 OVERTON DR LEESBUKRG FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CROCKER, JANICE B 903 AVENIDA CENTRAL LADY LAKE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HANEGAN, VICTORIA 1100 MAIN STREET LADY LAKE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, HAROLD S 1100 MAIN ST LADY LAKE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RINK, WESLEY W. 523 GARRARD DRIVE TEMPLE TERRACE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: T. MICHAEL KILLINGSWORTH 1-13-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **T. MICHAEL KILLINGSWORTH** Date: _____ Daytime Phone #: _____