

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000093432**

1. Entity Name

FABP BANCSHARES, INC.**FILED**
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90474 049 ***150.00

0031320

Principal Place of Business

Mailing Address

**33 WEST GARDEN STREET
PENSACOLA FL 32501
US****33 WEST GARDEN STREET
PENSACOLA FL 32501**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3360776**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARTER, THOMAS B
33 WEST GARDEN STREET
PENSACOLA FL 32501**

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, 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 **D** ☐ Delete
NAME **RANKIN, WILLIAM**
STREET ADDRESS **400 EAST GOVERNMENT**
CITY-ST-ZIP **PENSACOLA FL 32503-6132**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **DURNEY, MATTHEW W**
STREET ADDRESS **1310 ARIOLA DRIVE**
CITY-ST-ZIP **PENSACOLA FL 32561**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **GRAVES, H. EUGENE**
STREET ADDRESS **POST OFFICE BOX 8067**
CITY-ST-ZIP **PENSACOLA FL 32505**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **HUDSON, HAROLD R**
STREET ADDRESS **2100 BANQUOS TRAIL**
CITY-ST-ZIP **PENSACOLA FL 32503-5802**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Delete
NAME **CARTER, THOMAS B**
STREET ADDRESS **2860 CAWDOR COURT**
CITY-ST-ZIP **PENSACOLA FL 32503**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **MCCOY, H. CARY**
STREET ADDRESS **4691 SCENIC COURT**
CITY-ST-ZIP **PENSACOLA FL 32504**TITLE ☐ Change ☐ Addition
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: *Thomas B. Carter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas B. Carter, President & CEO

Date

Daytime Phone #

(850) 435-9300

CR2E034 (10/00)