

**APPLICATION FOR AUTHORITY TO RELOCATE
AN OFFICE OF A STATE BANK, TRUST COMPANY, SAVINGS BANK OR ASSOCIATION**

This application should be submitted only after you have made a complete review of Rules 69U-105.101 thru 69U-105.115 and Rules 69U-105.208 and 69U-105.406, Florida Administrative Code. Copies of these procedures may be obtained at no cost from the Office of Financial Regulation. A \$750 fee is due only for the relocation of a main office that is not operating in a safe and sound manner.

Pursuant to Section 658.26(3)(a), Florida Statutes, an application is hereby made for authority to relocate a main or branch office of a state bank, trust company, savings bank or association (state financial institution).

Name: _____

Address: _____, Florida _____
(City or Town) (County) (Zip Code)

This application is a relocation of a: () Main Office; () Approved but Unopened Main Office;
() Existing Branch Office; () Approved but Unopened Branch Office

Present location: _____
(Street Address, City, County, Zip Code)

Proposed location: _____
(Street Address, City, County, Zip Code)

Proposed branch name (if applicable): _____ Proposed relocation date: ____/____/____

If relocating a main office, has that office been opened for more than 24 months? () Yes () No.
Additional details concerning this application may be obtained from:

_____ () _____

Application fee of \$750 [for main office relocations only], payable to the Office of Financial Regulation is attached for deposit to the Financial Institutions Regulatory Trust Fund.

Org: 4384300000

Flair Object Code: 001070

EO: V1

Revenue Source Code: 227

1. Will the office be owned () or leased ()?
2. Is the state financial institution in compliance with the fixed asset investment imitations contained in Subsection 658.67(7), Florida Statutes? Yes () No ().
3. Will there be any insiders, as defined in Rule 69U-105.405(2), F.A.C., involved with the new branch? Yes () No (). If yes, provide evidence in support of the transaction as detailed in Rule 69U-105.405(2), F.A.C.

The undersigned hereby certify that the Board of Directors passed a resolution on ____/____/____ directing the officers of the Applicant State Financial Institution to prepare and file this application for permission to relocate this office. The undersigned hereby attest to the adoption of the necessary resolution and certify to the correctness of all information submitted in support of this application.

(Seal)

(Name of State Financial Institution)

By: _____
President / Vice President

Attest: _____
Cashier / Secretary

Dated: ____/____/____