

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

Pursuant to Section 658.26(2), Florida Statutes, an application is hereby made for authority to establish a branch office of a state bank, trust company, savings bank or association ("state financial institution").

**NAME AND ADDRESS OF STATE FINANCIAL INSTITUTION:**

Name: \_\_\_\_\_

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

\_\_\_\_\_  
(Proposed Branch Name)

\_\_\_\_\_  
(Proposed Branch Office Location, Exact Street Address, Legal Description, or Vicinity)

\_\_\_\_\_, Florida \_\_\_\_\_  
(City or Town) (County) (Zip Code)

Additional details concerning this application may be obtained from:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Mailing Address)

Telephone: ( ) \_\_\_\_\_

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*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-105.401 thru 69U-105.408, Florida Administrative Code. Copies of these procedures may be obtained at no cost from the Office of Financial Regulation. Mail the original only of this form to the Office of Financial Regulation.*

**Submit the completed application to:**

Office of Financial Regulation  
200 East Gaines Street  
Tallahassee, Florida 32399-0371

APPLICATION FEE OF \$1500 PAYABLE TO THE OFFICE OF FINANCIAL REGULATION IS ATTACHED FOR DEPOSIT TO THE FINANCIAL INSTITUTIONS REGULATORY TRUST FUND.

Org: 4384300000  
Flair Object Code: 001065  
EO: V1  
Revenue Source Code: 222

**DISCUSSION SECTION**

**FOR ALL OPENED STATE FINANCIAL INSTITUTIONS:**

1. Provide a one year amended budget for the entire financial institution which includes deposit and fixed asset projections for the proposed branch.
2. Are temporary quarters anticipated? Yes ( ) No ( )
3. Appropriate notice of this proposed branch office: (\_\_\_\_) has been; (\_\_\_\_) will be provided to: (\_\_\_\_) the Federal Deposit Insurance Corporation;(\_\_\_\_) the Federal Reserve Bank of Atlanta; (\_\_\_\_) the Office of Thrift Supervision.

**Note: A new state financial institution or one that has been opened less than one year should: Indicate the date and amount by which the current capital will be increased pursuant to Rule 69U-105.405(1)(a), F.A.C. (Attachment # \_\_\_\_)**

**FIXED ASSET EXPENDITURES**

**PERMANENT QUARTERS ANTICIPATED**

Give a brief physical description:

<b>Check One</b> ( ) Owned ( ) Leased	Total Cost \$
<b>If Owned:</b>	
Land	\$
Building	\$
Total	\$
<b>If Leased:</b>	
Leasehold Improvements	\$

Proposed expenditure for furniture and equipment: \$ \_\_\_\_\_

Terms of Lease (Term, Renewal or Purchase Options, etc.) \_\_\_\_\_

*Provide copies of the option agreement(s) relative to the site. If the site is owned, indicate date of purchase, book value, and asset category in which it is included on the state financial institution's books. If quarters are to be leased, attach a copy of the proposed lease.*

FIXED ASSET INVESTMENT					% of Capital Accounts**
	Land	Building	Leasehold Improvements*	Total Premises	
Present	\$	\$	\$	\$	
Proposed	\$	\$	\$	\$	
Other Pending	\$	\$	\$	\$	
<b>Total</b>				\$	<b>%</b>

\* Includes Capitalized Leases

\*\* Capital Accounts include only unimpaired capital, unimpaired surplus, and undivided profits or retained earnings.

**Attach:** A current balance sheet as of the date of the application.

INSIDER TRANSACTIONS

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Is any insider involved in any portion of the branch transaction? YES ( ) NO ( ) (If YES, complete the following table)

NAME	ITEM	RELATIONSHIP (SEE DEFINITION OF FINANCIAL INSTITUTION-AFFILIATED PARTY IN SUBSECTION 655.005)(I), FLORIDA STATUTE)

If the establishment of the branch office will involve an insider transaction:

1. Provide a copy of the Board minutes that disclosed and approved the plans, if applicable.
  2. Provide evidence in support of the transaction as detailed in Rule 69U-105.405(2), F.A.C.
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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 establish this branch 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.

\_\_\_\_\_  
(Name of State Financial Institution)

(Seal)

By: \_\_\_\_\_  
President / Vice President

Attest: \_\_\_\_\_  
Cashier / Secretary

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_