

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90077 037 ***150.00

DOCUMENT # K15955

1. Entity Name
FIRSTBANCORP INC.

Principal Place of Business
3838 TAMiami TRAIL NORTH
NAPLES FL 34103
US

Mailing Address
3838 TAMiami TRAIL NORTH
NAPLES FL 34103
US



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 **65-0030114**

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

7. Name and Address of New Registered Agent

JERRY J WILLIAMS
3838 TAMiami TRAIL, NORTH
NAPLES FL 34103

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, 2002 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **ALAN PRATT**
 CITY-ST-ZIP **4740 GULF SHORE BLVD, N**
NAPLES FL

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **EARL HOLLAND**
 CITY-ST-ZIP **15270 KILBIRNIE DR**
FT. MYERS FL

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **JAMES AULTMAN**
 CITY-ST-ZIP **5701 OVERSEAS HIGHWAY**
MARATHAN FL

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

TITLE ☐ Delete
 NAME **DCP**
 STREET ADDRESS **WILLIAMS, JERRY J.**
 CITY-ST-ZIP **3838 TAMiami TRAIL NORTH**
NAPLES FL

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **WILLIAM E MEYERS**
 CITY-ST-ZIP **5381 SYCAMORE DRIVE**
NAPLES FL 34119

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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **GOTZES, HUBERT**
 CITY-ST-ZIP **821 11TH DTREET**
KEY COLONY BEACH FL

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **JAMES J. TOROK**
 CITY-ST-ZIP **900 Orchid Point Way**
VERO BEACH, FL 32963

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:

William E. Meyers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William E. Meyers Secretary

4/8/02

941-261-4262

Daytime Phone #

CR2E034 (9/01)