

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90065 047 ***158.75

DOCUMENT # P02000033247

1. Entity Name
FCB FLORIDA BANCORPORATION, INC.



Principal Place of Business
**945 S ORANGE AVE
ORLANDO FL 32806**

Mailing Address
**945 S ORANGE AVE
ORLANDO FL 32806**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2366191

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROWE, M. ALAN
945 S ORANGE AVE
ORLANDO FL 32806**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D ASHER, DONALD L JR**
STREET ADDRESS **2221 SANTA ANTILLES RD**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D BAUKNIGHT, JAMES H**
STREET ADDRESS **5600 E IRLO BRONSON MEMORIAL HWY.**
CITY-ST-ZIP **ST. CLOUD FL 34771**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D BOWYER, JAMES W**
STREET ADDRESS **900 LIVE OAK STREET**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D CAHILL, STEPHEN C**
STREET ADDRESS **2667 LAKE SHORE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D DOUDNEY, DOUGLAS**
STREET ADDRESS **1443 BUCKWOOD CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D HUHN, DOUGLAS A**
STREET ADDRESS **1701 ANTIQUA DRIVE**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John W. Hahn
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/03

Date

407-872-3889 x310

Daytime Phone #

CR2E034 (10/02)

Attachment

#P02000033247



Division of Corporations

Uniform Business Report

Page 2 (continued)

Document Number

~~P99000008347~~

P02000033247

Please enter additional business entities below.

Name and Title	Peter J. McDonald, Director
Address 1	24301 Milford Dr.
Address 2	201 Tranquility Cove
City, State Zip	Eustis, FL 32736 Altamonte Springs, FL 32701

Name and Title	Philip C. Owen, Director
Address 1	1509 Sunset Pointe
Address 2	
City, State Zip	Kissimmee, FL 34744

Name and Title	Morris Alan Rowe, Director & President
Address 1	3544 Country Lakes Drive
Address 2	
City, State Zip	Orlando, FL 32812

Name and Title	Sidney G. Spafford, Director
Address 1	505 Canterbury Lane
Address 2	
City, State Zip	Kissimmee, FL 34741

Name and Title	Michael L. Spraggins, Sr., Director
Address 1	4 E. Harvard Street
Address 2	
City, State Zip	Orlando, FL 32804

Attachment

#P02000033247

Name and Title

Address 1

Address 2

City, State Zip

Name and Title

Address 1

Address 2

City, State Zip

~~Name and Title~~

~~Address 1~~

~~Address 2~~

~~City, State Zip~~

Name and Title

Address 1

Address 2

City, State Zip

Name and Title

Address 1

Address 2

City, State Zip

Add additional entities No additional entities

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2/28/03
2/27/2002