

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 012311

1. Entity Name

FLORIDA COMMUNITY BANK

Principal Place of Business

1400 NORTH 15 STREET
IMMOKALEE FL 34142-2202

Mailing Address

1400 NORTH 15 STREET
IMMOKALEE FL 34142-2202

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 59-0153880

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRICE, STEPHEN L.
1400 NORTH 15 STREET
IMMOKALEE FL 33934

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	<input checked="" type="checkbox"/> Delete
NAME	WHISNANT, JACK	
STREET ADDRESS	1007 N 15TH ST.	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HASKEW, GARY R.	
STREET ADDRESS	1110 MONROE ST.	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	PRICE, STEPHEN L.	
STREET ADDRESS	1400 N 15TH STREET	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	PIA	<input type="checkbox"/> Delete
NAME	HOLLAND, RAYMOND	
STREET ADDRESS	7380 TRATLORD OAKS RD	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JACKSON, SANDRA F.	
STREET ADDRESS	322 LIVE OAK LANE	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WRAGE, GARY	
STREET ADDRESS	1400 N. 15TH STREET	
CITY-ST-ZIP	IMMOKALEE FL 34142	

TITLE	P/Hendry Co.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry T. Hall	
STREET ADDRESS	1223 Riverbend Dr.	
CITY-ST-ZIP	LaBelle, FL 33935	
TITLE	P/Charlotte Co.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas S. Junker	
STREET ADDRESS	625 Alhambra Rd.	
CITY-ST-ZIP	Venice, FL 34285	
TITLE	P/Lee Co.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John G. Tamblyn	
STREET ADDRESS	6367 Cocos Dr.	
CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE	PIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Holland, Raymond T.	
STREET ADDRESS	7380 Trafford Oaks Rd.	
CITY-ST-ZIP	Immokalee, FL 34142	
TITLE	SVP & COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William M. Strohm	
STREET ADDRESS	317 Malabar St.	
CITY-ST-ZIP	Lehigh Acres, FL 33972	
TITLE	SVP & CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas V. Ogletree	
STREET ADDRESS	25221 Fairway Dunes Ct.	
CITY-ST-ZIP	Bonita Springs, FL 34135	

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: Sandra F. Jackson Sandra F. Jackson, VP & Controller 4/28/01 (941)657-3171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90172 014 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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