

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000081

1. Entity Name

FIRST COMMUNITY FINANCIAL SERVICES, INC.

FILED

Apr 27, 2001 8:00 am  
Secretary of State

04-27-2001 90230 022 \*\*\*150.00

Principal Place of Business

P.O. BOX 1256  
WAYCROSS GA 31502

Mailing Address

P.O. BOX 1256  
WAYCROSS GA 31502

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 58-2060490

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RAME, GARY B  
10328 DEERWOOD PARK RD  
JACKSONVILLE FL 32256

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 P  
NAME LARISON JR, ROBERT J  
STREET ADDRESS 12636 SHOAL CREEK LN N  
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME MURROW, C SAM J  
STREET ADDRESS 45 EAGLE COVE CT  
CITY-ST-ZIP FERNANDIAN BEACH FL 32034

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME PARK, MARGARET  
STREET ADDRESS 505 HAINES STREET  
CITY-ST-ZIP WAYCROSS GA

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME WOODS, H. DENNIS  
STREET ADDRESS 505 HAINES STREET  
CITY-ST-ZIP WAYCROSS GA 31501

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VT  
NAME BECKER, DAVID  
STREET ADDRESS 505 HAINES STREET  
CITY-ST-ZIP WAYCROSS GA

☒ Delete

TITLE Chief Financial Officer  
NAME Jon Parker  
STREET ADDRESS 505 Haines Ave  
CITY-ST-ZIP Waycross GA 31501

☐ Change ☒ Addition

TITLE S  
NAME BELL, CAROL  
STREET ADDRESS 505 HAINES STREET  
CITY-ST-ZIP WAYCROSS GA

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT HUBACHER

23 APR 01

Date

912 284-2253

Daytime Phone #

CR2E034 (10/00)