

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90008 025 ***300.00

DOCUMENT # J72639

1. Entity Name

FIRST COMMUNITY BANK

Principal Place of Business

2240 SOUTH VOLUSIA AVE.
 ORANGE CITY FL 32763

Mailing Address

2240 SOUTH VOLUSIA AVE.
 ORANGE CITY FL 32763-7614

2. Principal Place of Business

21 S CHARLES RICHARD BEALL

3. Mailing Address

P.O. BOX 740278

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DEBARY, FL 32713

City & State

ORANGE CITY, FL 32774

4. FEI Number

59-2829346

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

ENGLERT, TIMOTHY W DP
 2329 RIVERRIDGE RD.
 #12
 DELANO FL 32720

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, 2000 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 PAUL, HARLAN
 CITY-ST-ZIP 675 OAKTREE TERRACE
 DELAND FL

TITLE ☐ Change ☐ Addition
 NAME DC
 STREET ADDRESS HOLZMAN, GORDON
 CITY-ST-ZIP 1988 QUAIL HOLLOW DRIVE
 DELAND, FL 32720

TITLE ☐ Delete
 NAME D
 STREET ADDRESS WILSON, OSCAR
 CITY-ST-ZIP 734 PINE SHORES CIRCLE
 NEW SMYRNA BEACH FL

TITLE ☐ Change ☐ Addition
 NAME HAYMAN, STEPHEN W
 STREET ADDRESS 998 W TORCHWOOD DRIVE
 CITY-ST-ZIP DELAND, FL 32720

TITLE ☐ Delete
 NAME D
 STREET ADDRESS LACEY, EDWARD
 CITY-ST-ZIP 2327 SOUTHERN PINES PLACE
 DELAND FL

TITLE ☐ Change ☐ Addition
 NAME D
 STREET ADDRESS HEARD, RICHARD O
 CITY-ST-ZIP 205 BARRINGTON AVE
 DELAND, FL 32720

TITLE ☐ Delete
 NAME D
 STREET ADDRESS EVANS, MILTON E
 CITY-ST-ZIP 1473 VOLUSIA AVE
 ORANGE CITY FL

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS SHADICK, JOSEPH
 CITY-ST-ZIP 303 HUNTINGTON DR
 DELAND FL

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS MCMILLON, MILTON
 CITY-ST-ZIP 900 SPRING GARDEN RANCH RD
 DELAND FL

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

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

Date

Daytime Phone #

Timothy W Engler

1/24/00

407-668-6729