## 2001 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the rec changed, or on an attachme

SIGNATURE:

## FILED **DOCUMENT # J72639** Jan 17, 2001 8:00 am Secretary of State 1. Entity Name FIRST COMMUNITY BANK 01-17-2001 90008 001 \*\*\*300 00 Principal Place of Business Mailing Address 21 S CHARLES RICHARD BEALL PO BOX 740278 DEBARY FL 32713 ORANGE CITY FL 32774 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-2829346 City & State Not Applicable Country **\$8.75** Additional Zìp Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ENGLERT, TIMOTHY W DP Street Address (P.O. Box Number is Not Acceptable) 2329 RIVERRIDGE RD. #12 DELANO FL 32720 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12, 11. TITLE ☐ Delete HOLZMAN GORDON TITLE PAUL, HARLAN NAME NAME 1988 QUAIL HOllow Rd **675 OAKTREE TERRACE** STREET ADDRESS STREET ADDRESS DELAND FL 32720 CITY-ST-ZIP CITY-ST-ZIP DELAND FL Delete TITLE HEARD RICHARD O WILSON, OSCAR NAME DELAND FL 32720 734 PINE SHORES CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW SMYRNA BEACH FL Addition Delete TITLE -TITLE HAYMAN STEPHONH. LACEY, EDWARD NAME NAME 998 W. TORCHWOOD DI 2327 SOUTHERN PINES PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELAMO FL 32720 CITY-ST-ZIP **DELAND FL** ☐ Addition TITLE ☐ Change TITLE ☐ Delete EVANS, MILTON E NAME NAME 1473 VOLUSIA AVE STREET ADDRESS STREET ADDRESS **ORANGE CITY FL** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE SHADICK, JOSEPH NAME MAME 303 HUNTINGTON DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELAND FL Delete TITLE Change ☐ Addition TITLE MCMILLON, MILTON NAME NAME 900 SPRING GARDEN RANCH RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELAND FL 13. I hereby certify that the informal indicated on this report or suppl on 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 mental 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 or from the improvement to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

with all other like empowered.

INTED NAME OF SIGNING OFFICER OR DIRECTOR