

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90160 001 ***300.00

LS-11433 AI

DOCUMENT # J72639
 1. Entity Name
FIRST COMMUNITY BANK

Principal Place of Business Mailing Address
21 S CHARLES RICHARD BEALL **PO BOX 740278**
DEBARY FL 32713 **ORANGE CITY FL 32774**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-2829346 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ENGLERT, TIMOTHY W DP
2329 RIVERRIDGE RD.
#12
DELANO FL 32720

7. Name and Address of New Registered Agent
 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]* *pres/ceo/director* DATE: **1-4-02**
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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PAUL, HARLAN 675 OAKTREE TERRACE DELANO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WILSON, OSCAR 734 PINE SHORES CIRCLE NEW SMYRNA BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LACEY, EDWARD 2327 SOUTHERN PINES PLACE DELANO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete EVANS, MILTON E 1473 VOLUSIA AVE ORANGE CITY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SHADICK, JOSEPH 303 HUNTINGTON DR DELANO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MCMILLON, MILTON 900 SPRING GARDEN RANCH RD DELANO FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HOLZMAN GORDON E 1988 QUAIL HOLLOW DR. DELANO FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HAYMAN, Stephen W. 998 W. TORCHWOOD DR. DELANO FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HEARD-RICHARD O 205 BARRINGTON AVE DELANO FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **T. W. ENGLERT D/O** DATE: **1-4-02** DAYTIME PHONE #: **386-668-6729**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)