


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-06-2003 90057 010 ***150.00

DOCUMENT # J72639

1. Entity Name
FIRST COMMUNITY BANK



Principal Place of Business
**21 S CHARLES RICHARD BEALL BLVD.
DEBARY FL 32713**

Mailing Address
**PO BOX 740278
ORANGE CITY FL 32774**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2829346** Applied For
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PAUL, HARLAN	
STREET ADDRESS	875 OAKTREE TERRACE	
CITY-ST-ZIP	DELANO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, OSCAR	
STREET ADDRESS	734 PINE SHORES CIRCLE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LACEY, EDWARD	
STREET ADDRESS	2327 SOUTHERN PINES PLACE	
CITY-ST-ZIP	DELANO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, MILTON E	
STREET ADDRESS	1473 VOLUSIA AVE	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	HOLZMAN, GORDON E	
STREET ADDRESS	1988 QUAIL HOLLOW DR	
CITY-ST-ZIP	DELANO FL 32720	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCMILLON, MILTON	
STREET ADDRESS	800 SPRING GARDEN RANCH RD	
CITY-ST-ZIP	DELANO FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	RICHARD O HEARD D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	205 BARRINGTON AVE	
STREET ADDRESS	DELANO FL 32720	
CITY-ST-ZIP		
TITLE	HAYMAN STEPHAN W D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	999 W TORCHWOOD DR	
STREET ADDRESS	DELANO FL 32724	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 of 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 10 or Block 11 if changed, or on an attachment with an authority, with all other like empowered.

SIGNATURE: **TIMOTHY W ENGLERT** **1-2-03** **386-668-6729**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Timothy W Englert D/PRES

CR2E034 (10/02)