

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90008 017 \*\*\*150.00

0699206

**DOCUMENT # J88815**

1. Entity Name

**FCB FLORIDA, INC.**

Principal Place of Business

**13801 FNB PARKWAY  
OMAHA NE 68154  
US**

Mailing Address

**13801 FNB PARKWAY  
OMAHA NE 68154  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **47-0709143**

Applied For

Not Applicable

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

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 **VS** ☐ Delete  
NAME **SCHULTZ, MICHAEL**  
STREET ADDRESS **13801 FNB PARKWAY**  
CITY-ST-ZIP **OMAHA NE 68154**

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

TITLE **V** ☒ Delete  
NAME **ENGELBERT, JOSEPH**  
STREET ADDRESS **13801 FNB PARKWAY**  
CITY-ST-ZIP **OMAHA NE 68154**

TITLE **DV** ☐ Change ☒ Addition  
NAME **Gary D. Chester**  
STREET ADDRESS **101 East Erie Street**  
CITY-ST-ZIP **Chicago, IL 60611**

TITLE **VT D** ☐ Delete  
NAME **ASHLEY, KENNETH**  
STREET ADDRESS **101 EAST ERIE STREET**  
CITY-ST-ZIP **CHICAGO IL 60611**

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

TITLE **VCFO** ☐ Delete  
NAME **RAJAN, RAMESH**  
STREET ADDRESS **40 WEST 23RD STREET**  
CITY-ST-ZIP **NEW YORK NY 10010**

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

TITLE **D** ☒ Delete  
NAME **KELMENSEN, LEO-ARTHUR**  
STREET ADDRESS **40 WEST 23RD STREET**  
CITY-ST-ZIP **NEW YORK NY 10010**

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

TITLE **PCEO** ☒ Delete  
NAME **BELL, DAVID**  
STREET ADDRESS **40 WEST 23RD STREET**  
CITY-ST-ZIP **NEW YORK NY 10010**

TITLE **P.D** ☐ Change ☒ Addition  
NAME **Dale F. Perona**  
STREET ADDRESS **101 East Erie Street**  
CITY-ST-ZIP **Chicago, IL 60611**

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: *Michael Schultz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Michael L. Schultz VP 4/20/01 402-965-4720*

Date

Daytime Phone #

CR2E034 (10/00)