

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 09, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # J94726**1. Entity Name  
**FIRST COMMERCIAL BANK OF TAMPA**Principal Place of Business  
**4600 WEST KENNEDY BOULEVARD**Mailing Address  
**4600 WEST KENNEDY BOULEVARD****TAMPA FL TAMPA FL**  
**33609 33609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number  
**59-2907488**

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

**GRANDOFF J. ALAN**  
**4600 W. KENNEDY BLVD****TAMPA FL**  
**33609 US**

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

**01/09/2001**

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 **D** ☐ Delete  
NAME **FLOOD, PHILIP G.**  
STREET ADDRESS **2302 S. OCCIDENT**  
CITY-ST-ZIP **TAMPA FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **CD** ☐ Delete  
NAME **SALEM, ALBERT M., JR.**  
STREET ADDRESS **824 BAYSIDE DR.**  
CITY-ST-ZIP **TAMPA FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **S** ☐ Delete  
NAME **GRANDOFF J A**  
STREET ADDRESS **3401 SEVILLA ST**  
CITY-ST-ZIP **TAMPA FL**TITLE ☒ Change ☐ Addition  
NAME **GRANDOFF J A**  
STREET ADDRESS **4841 FLAMINGO ROAD**  
CITY-ST-ZIP **TAMPA FL 33611**TITLE **D** ☐ Delete  
NAME **MCCLAIN, JOSEPH A., III**  
STREET ADDRESS **10106 HAMPTON PL**  
CITY-ST-ZIP **TAMPA FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **FISCHER, JIMMY C.**  
STREET ADDRESS **408 BRIARCLIFF DR.**  
CITY-ST-ZIP **TEMPLE TERRACE FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **P** ☐ Delete  
NAME **MACKAY ROBERT F**  
STREET ADDRESS **3313 HYDE PARK DRIVE**  
CITY-ST-ZIP **CLEARWATER FL**TITLE ☒ Change ☐ Addition  
NAME **GERMAN JORDAN L**  
STREET ADDRESS **4600 W. KENNEDY BLVD.**  
CITY-ST-ZIP **TAMPA FL 33609**

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: J. Alan Grandoff****EVP****01/09/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)