

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90183 033 ***150.00

0425945 AV

DOCUMENT # J94726
1. Entity Name
FIRST COMMERCIAL BANK OF TAMPA

Principal Place of Business **Mailing Address**
4600 WEST KENNEDY BOULEVARD **4600 WEST KENNEDY BOULEVARD**
TAMPA FL 33609 **TAMPA FL 33609**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2907488		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<input type="checkbox"/> Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$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				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	GERMAN, JORDAN L	NAME	SALEM ALBERT M III				
STREET ADDRESS	4600 W. KENNEDY BLVD.	STREET ADDRESS	P O BOX 320062				
CITY-ST-ZIP	TAMPA FL 33609	CITY-ST-ZIP	Tampa FL				
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	FISCHER, JIMMY C.	NAME	WILLIAMS L DAVID				
STREET ADDRESS	408 BRIARCLIFF DR.	STREET ADDRESS	16 PINWOOD CIRCLE				
CITY-ST-ZIP	TEMPLE TERRACE FL	CITY-ST-ZIP	SAFETY HARBOR, FL				
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	MCCLAIN, JOSEPH A., III	NAME	TWITTY ROBERT J				
STREET ADDRESS	10106 HAMPTON PL	STREET ADDRESS	2502 N ROCKY POINT DR S-895				
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	TAMPA, FL				
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	GRANDOFF, J A	NAME					
STREET ADDRESS	4841 FLAMINGO ROAD	STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL 33611	CITY-ST-ZIP					
TITLE	CD <input type="checkbox"/> Delete	TITLE	CDP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SALEM, ALBERT M., JR.	NAME	SALEM, ALBERT M., JR				
STREET ADDRESS	824 BAYSIDE DR.	STREET ADDRESS	824 BAYSIDE DR				
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	TAMPA FL				
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	FLOOD, PHILIP G.	NAME					
STREET ADDRESS	2302 S. OCCIDENT	STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP					

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: _____ **1/11/02** **813-237-0511**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)