

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90299 044 ***150.00

DOCUMENT # P00000028031

1. Entity Name
FCB FINANCIAL, INC.

Principal Place of Business
**4600 W. KENNEDY BLVD.
TAMPA FL 33609**

Mailing Address
**4600 W. KENNEDY BLVD.
TAMPA FL 33609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3633269

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**IGER & DOUGERTY, P.A.
1501 PARK AVE. E.
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

J. Alan Grandoff EUP

Street Address (P.O. Box Number is Not Acceptable)

4600 W. Kennedy Blvd.

City

Tampa

FL

Zip Code

33609

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.

(NOT: Registered Agent signature required when re-registering)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
SALEM, ALBERT M JR
4600 W. KENNEDY BLVD.
TAMPA FL 33609** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EUP
J. Alan Grandoff
4600 W. Kennedy Blvd.
Tampa, FL 33609** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VC
MEYER, ROLAND H
14275 SIESTA RD.
LARGO FL 34644** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VC
MEYER, ROLAND H
14275 SIESTA RD.
LARGO FL 34644** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TCEO
FISCHER, JIMMY C
408 BRIAR CLIFF DR.
TEMPLE TERRACE FL 33617** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TCEO
FISCHER, JIMMY C
408 BRIAR CLIFF DR.
TEMPLE TERRACE FL 33617** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FARRIS, JOSEPH J JR
2509 N. LUMINA
WRIGHTSVILLE VEACH NC** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FARRIS, JOSEPH J JR
2509 N. LUMINA
WRIGHTSVILLE VEACH NC** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCCLAIN, JOSEPH A III
10106 HAMPTON PL.
TAMPA FL 33618** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCCLAIN, JOSEPH A III
10106 HAMPTON PL.
TAMPA FL 33618** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FLOOD, PHILIP G
2302 S. OCCIDENT ST.
TAMPA FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FLOOD, PHILIP G
2302 S. OCCIDENT ST.
TAMPA FL** ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EUP

Date

4/17/01

Daytime Phone #

813-287-0511

CR2E034 (10/00)