

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 24, 2004 08:00 AM
Secretary of State

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



01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

GRANDOFF, J A EVP
4600 W KENNEDY BV
TAMPA, FL 33609

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SALEM, ALBERT M JR 4600 W. KENNEDY BLVD. TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SALEM, ALBERT M III 4600 W. KENNEDY BLVD. TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TCFO FISCHER, JIMMY C 408 BRIAR CLIFF DR. TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FARRIS, JOSEPH J JR 2509 N. LUMINA WRIGHTSVILLE VEACH, NC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCLAIN, JOSEPH A III 10106 HAMPTON PL. TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLOOD, PHILIP G 2302 S. OCCIDENT ST. TAMPA, FL

U000000013005
01/26/04-80036-002 150.00

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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 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 10 or Block 11 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

Date

Daytime Phone #