

2002 UNIFORM BUSINESS REPORT (UBR)

041879 AV

DOCUMENT # P00000028484

1. Entity Name

FIRST COMMUNITY MORTGAGE COMPANY OF AMERICA, INC

FILED

02 APR 11 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

360 CENTRAL AVENUE
ST. PETERSBURG FL 33701

Mailing Address

360 CENTRAL AVENUE
ST. PETERSBURG FL 33701



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

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

~~DELANO, G. KRISTIN~~
360 CENTRAL AVENUE
ST. PETERSBURG FL 33701

Name David B. Snyder

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

360 Central Ave.

City St. Petersburg

FL

Zip Code 33701

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

David B. Snyder, Esq.

3/15/02

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, 2002 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 DC ☐ Delete
NAME MENKE, ROBERT M
STREET ADDRESS 360 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE AS ☐ Change ☒ Addition
NAME Haire, Nancy C.
STREET ADDRESS 360 Central Ave.
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE D ☐ Delete
NAME MEEHAN, DAVID K
STREET ADDRESS 360 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE D, P ☒ Change ☐ Addition
NAME 9000005389779-0
STREET ADDRESS -04/30/02--01020--001
CITY-ST-ZIP ***7972.75 ****150.00

TITLE DT ☐ Delete
NAME HUSSEMAN, EDWIN C
STREET ADDRESS 360 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE S, VP ☐ Change ☒ Addition
NAME Snyder, David B.
STREET ADDRESS 360 Central Ave.
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE D ☒ Delete
NAME MENKE, ROBERT G
STREET ADDRESS 360 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE AS ☐ Change ☒ Addition
NAME Southey, Robert G.
STREET ADDRESS 360 Central Ave.
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE D ☒ Delete
NAME DELANO, G K
STREET ADDRESS 360 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG FL 33701

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Nancy C. Haire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy C. Haire

3/15/02

727 823-4000

Assistant Secretary

Date

Daytime Phone #

CR2E034 (9/01)