

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 30, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P94000050448**

1. Entity Name

FIRST COMMUNITY FINANCIAL CORPORATION

Principal Place of Business

360 CENTRAL AVE.

ST. PETERSBURG

FL

Mailing Address

360 CENTRAL AVE.

ST. PETERSBURG

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3256593**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**DELANO G. KRISTIN  
360 CENTRAL AVE.

ST. PETERSBURG

FL

US

**7. Name and Address of New Registered Agent**

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

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

(NOTE: Registered Agent signature required when reinstating)

**03/30/2000**

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, 2000 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**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DEVP  
MENKE ROBERT G  
360 CENTRAL AVE  
ST PETERSBURG FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D/S  
DELANO G. KRISTIN  
360 CENTRAL AVE.  
ST. PETERSBURG FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D/T  
HUSSEMAN EDWIN C  
360 CENTRAL AVE.  
ST. PETERSBURG FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MEEHAN DAVID K  
360 CENTRAL AVE.  
ST. PETERSBURG FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DCP  
MENKE ROBERT M  
360 CENTRAL AVE.  
ST. PETERSBURG FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
MENKE ROBERT G  
360 CENTRAL AVE  
ST PETERSBURG FL 33700 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
DELANO G. KRISTIN  
360 CENTRAL AVE.  
ST. PETERSBURG FL 33701 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
HUSSEMAN EDWIN C  
360 CENTRAL AVE.  
ST. PETERSBURG FL 33701 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MEEHAN DAVID K  
360 CENTRAL AVE.  
ST. PETERSBURG FL 33701 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DC  
MENKE ROBERT M  
360 CENTRAL AVE.  
ST. PETERSBURG FL 33701 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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: G. KRISTIN DELANO

DS 03/30/2000