

# 2001 UNIFORM BUSINESS REPORT (UBR)

0355923

DOCUMENT # P94000050448

1. Entity Name

FIRST COMMUNITY FINANCIAL CORPORATION

FILED

01 APR 30 PM 6:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

360 CENTRAL AVE.  
ST. PETERSBURG FL

360 CENTRAL AVE.  
ST. PETERSBURG FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3256593

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 AVE.  
ST. PETERSBURG FL

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)

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

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 000004212570--8  
CITY-ST-ZIP -05/11/01--01114--001  
\*\*\*7381.50 \*\*\*\*150.00

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

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

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

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

TITLE DS ☐ Delete  
NAME DELANO, G. KRISTIN  
STREET ADDRESS 360 CENTRAL AVE.  
CITY-ST-ZIP ST. PETERSBURG FL 33701

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

TITLE DP ☐ Delete  
NAME MENKE, ROBERT G  
STREET ADDRESS 360 CENTRAL AVE  
CITY-ST-ZIP ST PETERSBURG FL 33700

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Kristin Delano 4/23/2001 (727) 823-4000

Date

Daytime Phone #

CR2E034 (10/00)