

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 30, 2000 08:00 AM
Secretary of State

DOCUMENT # P94000055066

1. Entity Name
 FIRST COMMUNITY FINANCIAL GROUP, INC.

| | |
|--|--|
| Principal Place of Business 360 CENTRAL AVE ST PETERSBURG FL 33701 | Mailing Address 360 CENTRAL AVE ST PETERSBURG FL 33701 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |

4. FEI Number **59-3256595**
 Applied For Not Applicable

DO NOT WRITE IN THIS SPACE

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

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent DELANO G K 360 CENTRAL AVE ST PETERSBURG FL 33710 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 _____ DATE **03/30/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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 | | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|------------------------|---------------------------------|--|---|------------------------|--|-----------------------------------|
| TITLE | DEVP | <input type="checkbox"/> Delete | | TITLE | DP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MENKE ROBERT G | | | NAME | MENKE ROBERT G | | |
| STREET ADDRESS | 360 CENTRAL AVE | | | STREET ADDRESS | 360 CENTRAL AVE | | |
| CITY-ST-ZIP | ST PETERSBURG FL | | | CITY-ST-ZIP | ST PETERSBURG FL 33701 | | |
| TITLE | DS | <input type="checkbox"/> Delete | | TITLE | DS | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DELANO G K | | | NAME | DELANO G K | | |
| STREET ADDRESS | 360 CENTRAL AVE | | | STREET ADDRESS | 360 CENTRAL AVE | | |
| CITY-ST-ZIP | ST PETERSBURG FL 33701 | | | CITY-ST-ZIP | ST PETERSBURG FL 33701 | | |
| TITLE | DT | <input type="checkbox"/> Delete | | TITLE | DT | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HUSSEMAN EDWIN C | | | NAME | HUSSEMAN EDWIN C | | |
| STREET ADDRESS | 360 CENTRAL AVE | | | STREET ADDRESS | 360 CENTRAL AVE | | |
| CITY-ST-ZIP | ST PETERSBURG FL 33701 | | | CITY-ST-ZIP | ST PETERSBURG FL 33701 | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | D | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MEEHAN DAVID K | | | NAME | MEEHAN DAVID K | | |
| STREET ADDRESS | 360 CENTRAL AVE | | | STREET ADDRESS | 360 CENTRAL AVE | | |
| CITY-ST-ZIP | ST PETERSBURG FL 33701 | | | CITY-ST-ZIP | ST PETERSBURG FL 33701 | | |
| TITLE | DCP | <input type="checkbox"/> Delete | | TITLE | DC | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MENKE ROBERT M | | | NAME | MENKE ROBERT M | | |
| STREET ADDRESS | 360 CENTRAL AVE | | | STREET ADDRESS | 360 CENTRAL AVE | | |
| CITY-ST-ZIP | ST PETERSBURG FL 33701 | | | CITY-ST-ZIP | ST PETERSBURG FL 33701 | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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: G K DELANO

DS 03/30/2000