

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000046143

1. Entity Name

First Community Bank Corporation of America

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0623023

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Delano, G. Kristin  
360 Central Ave.  
St. Petersburg, FL 33701

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)

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	C	<input type="checkbox"/> Delete
NAME	Menke, Robert M.	
STREET ADDRESS	360 Central Ave.	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	VC	<input type="checkbox"/> Delete
NAME	Meehan, David K.	
STREET ADDRESS	360 Central Ave.	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	D - EVP	<input type="checkbox"/> Delete
NAME	Menke, Robert G.	
STREET ADDRESS	360 Central Ave.	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	D - P	<input type="checkbox"/> Delete
NAME	Cherven, Kenneth P.	
STREET ADDRESS	6100 4th Street North	
CITY-ST-ZIP	St. Petersburg, FL 33703	
TITLE	D - S	<input type="checkbox"/> Delete
NAME	Delano, G. Kristin	
STREET ADDRESS	360 Central Ave.	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	D - T	<input type="checkbox"/> Delete
NAME	Hussemann, Edwin C.	
STREET ADDRESS	360 Central Ave.	
CITY-ST-ZIP	St. Petersburg, FL 33701	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Macaluso, James	
STREET ADDRESS	360 Central Ave.	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Poucher, G. Randaulph	
STREET ADDRESS	360 Central Ave.	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stevens, Ralph E.	
STREET ADDRESS	360 Central Ave.	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

FILED  
01 APR 30 PM 6:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)