

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000059726

1. Entity Name

FIRST COMMUNITY BANK HOLDING CORPORATION

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90193 021 \*\*\*150.00

Principal Place of Business

2240 SOUTH VOLUSIA AVENUE  
ORANGE CITY FL 32763

Mailing Address

2240 SOUTH VOLUSIA AVENUE  
ORANGE CITY FL 32763-7614

2. Principal Place of Business

21 S CHARLES RICHARD BEALL

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 740278

Suite, Apt. #, etc.

City & State

DEBARY, FL

City & State

ORANGE CITY

Zip

32713

Country

Zip

327774

Country

4. FEI Number

59-3394606

Applied For

Not Applicable

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

ENGLERT, TIMOTHY WM.  
2329 RIVER RIDGE ROAD #12  
DELAND FL 32720

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, 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          | <input type="checkbox"/> Delete |
|-------|-------------------|------------------------|----------------------|---------------------------------|
| D     | HARLAN, PAUL      | 675 OAKTREE TERRACE    | DELAND FL            | <input type="checkbox"/>        |
| DC    | HOLZMAN, GORDON E | 1988 QUAIL HOLLOW DR   | DELAND FL 32720      | <input type="checkbox"/>        |
| D     | EVANS, MILTON E   | 1473 N VOLUSIA AVE     | ORANGE CITY FL 32763 | <input type="checkbox"/>        |
| D     | HAYMAN, STEPHEN W | 998 W TORCHWOOD DR     | DELAND FL 32724      | <input type="checkbox"/>        |
| D     | HEARD, RICHARD O  | 205 BARRINGTON AVE     | DELAND FL 32720      | <input type="checkbox"/>        |
| D     | LACEY, EDWARD T   | 2327 SOUTHERN PINES PL | DELAND FL 32724      | <input type="checkbox"/>        |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME             | STREET ADDRESS         | CITY-ST-ZIP                | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------------------|------------------------|----------------------------|---------------------------------|-----------------------------------|
| D     | MCMILLON, MILTON | 1313 S HIGHWAY 415     | NEW SMYRNA BEACH, FL 32168 | <input type="checkbox"/>        | <input type="checkbox"/>          |
| D     | SHADICK, JOSEPH  | 303 HUNTINGTON DRIVE   | DELAND, FL 32720           | <input type="checkbox"/>        | <input type="checkbox"/>          |
| D     | WILSON, OSCAR    | 734 PINE SHORES CIRCLE | NEW SMYRNA BEACH FL        | <input type="checkbox"/>        | <input type="checkbox"/>          |

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 of 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

Timothy W. ENGLERT

Date

1/24/00

Daytime Phone #

407-668-6729

CR2E034 (9/99)