

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90064 006 ***150.00

DOCUMENT # P96000059726

1. Entity Name
FIRST COMMUNITY BANK HOLDING CORPORATION



Principal Place of Business
**21 S CHARLES RICHARD BEALL
DEBARY FL 32713**

Mailing Address
**PO BOX 740278
ORANGE CITY FL 32774**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3394606**

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

**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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-2-03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HARLAN, PAUL**
STREET ADDRESS **875 OAKTREE TERRACE**
CITY-ST-ZIP **DELAND FL**

TITLE **WILSON OSCAR** ☐ Change ☒ Addition
NAME **734 PINESHORES CIRCLE**
STREET ADDRESS **NEW SMYRNA BEACH FL**
CITY-ST-ZIP

TITLE **DC** ☒ Delete
NAME **HOLZMAN, GORDON E**
STREET ADDRESS **1988 QUAIL HOLLOW DR**
CITY-ST-ZIP **DELAND FL 32720**

TITLE **MC MILLON, MILTON** ☐ Change ☒ Addition
NAME **900 SPRING GARDEN RAND RD**
STREET ADDRESS **DELAND FLORIDA**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **EVANS, MILTON E**
STREET ADDRESS **1473 N VOLUSIA AVE**
CITY-ST-ZIP **ORANGE CITY FL 32763**

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

TITLE **D** ☐ Delete
NAME **HAYMAN, STEPHEN W**
STREET ADDRESS **998 W TORCHWOOD DR**
CITY-ST-ZIP **DELAND FL 32724**

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

TITLE **D** ☐ Delete
NAME **HEARD, RICHARD O**
STREET ADDRESS **205 BARRINGTON AVE**
CITY-ST-ZIP **DELAND FL 32720**

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

TITLE **D** ☐ Delete
NAME **LACEY, EDWARD T.**
STREET ADDRESS **2327 SOUTHERN PINES PL**
CITY-ST-ZIP **DELAND FL 32724**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1-2-03

386-668-6729

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)