

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
 04-03-2001 90057 036 ***150.00

DOCUMENT # P96000062842

0481

1. Entity Name

FIRST COMMERCIAL PROPERTIES, INC.

Principal Place of Business

**C/O EURO AMERICAN MANAGEMENT, INC.
 4350 WEST CYPRESS STREET, SUITE 250
 TAMPA FL 33607**

Mailing Address

**C/O EURO AMERICAN MANAGEMENT, INC.
 4350 WEST CYPRESS STREET, SUITE 250
 TAMPA FL 33607**

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 **59-3396959**

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

**AMEURCO MGMT INC
 4350 W CYPRESS ST #250
 TAMPA FL 33607**

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 **D** ☐ Delete
 NAME **BESSEM, HERMAN**
 STREET ADDRESS **WAALSDORPERWEG 100**
 CITY-ST-ZIP **2597 HS TH 33634**

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

TITLE **EVP** ☐ Delete
 NAME **BURDGE, BRUCE D**
 STREET ADDRESS **4350 W. CYPRESS ST STE 250**
 CITY-ST-ZIP **TAMPA, FL 33607**

TITLE **EVP** ☐ Change ☒ Addition
 NAME **BURDGE, BRUCE D**
 STREET ADDRESS **4350 W. CYPRESS ST SUITE 250**
 CITY-ST-ZIP **TAMPA, FL 33607**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

**BRUCE D. BURDGE
 EXECUTIVE VICE PRESIDENT**

Date

Daytime Phone #

3/26/01 353-8800

CR2E034 (10/00)