

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90131 001 ***450.00

DOCUMENT # P97000005528

1. Entity Name

FIRST COMMUNITY INVESTMENT COMPANY, INC.

Principal Place of Business

**104 SOUTH LAKE AVENUE
 PAHOKEE FL 33476**

Mailing Address

**104 SOUTH LAKE AVENUE
 PAHOKEE FL 33476**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0724393**

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

**MORRIS, DALE W
 104 SOUTH LAKE AVENUE
 PAHOKEE FL 33476**

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

TITLE	PC	<input type="checkbox"/> Delete
NAME	MORRIS, DALE W	
STREET ADDRESS	104 S LAKE AVE	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE	SRVP	<input type="checkbox"/> Delete
NAME	STEVENS, LARRY J	
STREET ADDRESS	104 S LAKE AVE	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATE, S. C	
STREET ADDRESS	209 S. MAIN STREET	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	D	<input type="checkbox"/> Delete
NAME	POPE, EDWARD L JR.	
STREET ADDRESS	P.O. BOX 697	
CITY-ST-ZIP	PAHOKEE FL 33476-0697	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALVAREZ, GILBERTO	
STREET ADDRESS	400 NE 2ND STREET	
CITY-ST-ZIP	BELLE GLADE FL 33430-2028	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCINTOSH, H. KENNETH	
STREET ADDRESS	5122 S.E. NASSAU TERR	
CITY-ST-ZIP	STUART FL 34997	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stubbs, Annette M.	
STREET ADDRESS	805 N. Anchorage Dr.	
CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stubbs, Sidney A. Jr.	
STREET ADDRESS	805 N. Anchorage Dr.	
CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Crews, J.W.	
STREET ADDRESS	106 E. Main St.	
CITY-ST-ZIP	Wauchula, FL 33873	
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		
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]

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/01

Date

561-924-5272

Daytime Phone #

CR2E034 (10/00)