

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066476

1. Entity Name

FIRST CAPITAL BANK HOLDING CORPORATION

Principal Place of Business

1875 SOUTH 14TH STREET  
SUITE A  
FERNANDINA BEACH FL 32034  
US

Mailing Address

P.O. BOX 15700  
FERNANDINA BEACH FL 32035-3112  
US

2. Principal Place of Business

1891 South 14th Street

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3532208

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

WOOD, MARSHALL E ESQ.  
1875 SOUTH 14TH STREET  
FERNANDINA BEACH FL 32034

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GARNER, SUELLEN R	
STREET ADDRESS	5205 LEEWARD COVE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANCHEZ, MICHAEL G	
STREET ADDRESS	2788 S. OCEAN OAKS	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCCARROLL, LORIE L	
STREET ADDRESS	2334 E. STATE ROAD 200, STE. 300	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PETERS, ROBERT	
STREET ADDRESS	2855 OCEAN DRIVE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, RON	
STREET ADDRESS	4704 GENOA DRIVE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYAN, CHRISTINE	
STREET ADDRESS	2006 SUNRISE DRIVE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	

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	
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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

Porter Keadle Moore, LLP - 58-1303048

235 Peachtree Street, NE

Suite 1800

Atlanta Georgia 30303

Daytime Phone #

904 521 5601

MICHAEL G. SANCHEZ

FILED  
Mar 20, 2000 8:00 am  
Secretary of State

03-20-2000 90113 049 \*\*\*150.00



DO NOT WRITE IN THIS SPACE