

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066476

1. Entity Name

FIRST CAPITAL BANK HOLDING CORPORATION

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90157 013 ***150.00

Principal Place of Business

1891 SOUTH 14 STREET
SUITE A
FERNANDINA BEACH FL 32034
US

Mailing Address

P.O. BOX 15700
FERNANDINA BEACH FL 32035
US

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

59-3532208

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

CR2E034 (10/00)

#P 98000066476

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ATTACHMENT 1 OF 1, to Document # P98000066476

First Capital Bank Holding Corporation
1891 South 14th Street Suite A
Fernandina Beach, FL 32034

Block 11. Officers and Directors (We are assuming that these directors are already in your files)

Title	D
Name	CARTER, C BRETT
Street Address	21 NORTH 2 ND STREET
City-St-Zip	FERNANDINA BEACH FL 32034

Title	D
Name	HALEY, WILLIAM K
Street Address	818 SHERWOOD DRIVE
City-St-Zip	ELBERTON GA 30635

This address has changed
since last filing

Title	D
Name	MILLER, DAVID F
Street Address	68 MARSH CREEK ROAD
City-St-Zip	AMELIA ISLAND FL 32034

Title	D
Name	MOCK, WILLIAM J
Street Address	1676 REGATTA DRIVE
City-St-Zip	AMELIA ISLAND FL 32034

Title	D
Name	MURPHY, MARLENE
Street Address	135 LONG POINT DRIVE
City-St-Zip	AMELIA ISLAND FL 32034

Title	D
Name	PIPER, LAWRENCE
Street Address	570 PEEPLES ROAD
City-St-Zip	YULEE FL 32097

Title	D
Name	TREVETT, HARRY
Street Address	8144 SUMMIT RIDGE LANE
City-St-Zip	JACKSONVILLE FL 32256

Title	D
Name	WILSON, EDWARD
Street Address	263 MARSH LAKES DRIVE
City-St-Zip	FERNANDINA BEACH FL 32034

Title	D
Name	WOOD, MARSHALL
Street Address	12 BELTED KINGFISHER ROAD
City-St-Zip	AMELIA ISLAND FL 32034