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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000008347 1. Entity Name FIRST COMMERCIAL BANK OF FLORIDA					
Principal Place of Business 945 S ORANGE AVENUE ORLANDO, FL 32806			Mailing Address 945 S ORANGE AVENUE ORLANDO, FL 32806		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3560241	
5. Certificate of Status Desired ☒				Applied For Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Rave, Alan M. 945 S. Orange Avenue Orlando, FL 32806			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			DATE		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable			(NOTE: Registered Agent signature required when re-appointing)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			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			12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP DC ASHER, DONALD L JR 2221 SANTA ANTILLES RD ORLANDO, FL 32801			TITLE NAME STREET ADDRESS CITY-ST-ZIP D Bauknight, James 5600 E. Iro Bronson Memorial Hwy St. Cloud, FL 34771		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D MCDONALD, PETER J 39144 HARBOR HILLS BLVD LADY LAKE, FL 32159			TITLE NAME STREET ADDRESS CITY-ST-ZIP D Owen, Philip 7621 W. Iro Bronson Hwy Kissimmee, FL 34746		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D BOWYER, JAMES W 900 LIVE OAK STREET MAITLAND, FL 32751			TITLE NAME STREET ADDRESS CITY-ST-ZIP D/P Rave, Alan M 3544 Country Lakes Drive Orlando, FL 32812		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D CAHILL, STEPHEN C 2687 LAKE SHORE DRIVE ORLANDO, FL 32803			TITLE NAME STREET ADDRESS CITY-ST-ZIP D Spafford, Sidney 505 Canterbury Lane Kissimmee, FL 34741		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D DOUDNEY, DOUGLAS 1443 BUCKWOOD CIRCLE ORLANDO, FL 32806			TITLE NAME STREET ADDRESS CITY-ST-ZIP D Spraggins, SR Michael 1325 Country Club Oaks Circle Orlando, FL 32804		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D HUHN, DOUGLAS A 1610 WATERWATCH DR ORLANDO, FL 32806			TITLE NAME STREET ADDRESS CITY-ST-ZIP EVP Ter Beck, Thomas 2221 Spring Lake Circle St. Cloud, FL 34771		
SIGNATURE: _____ 3/5/07 407-872-3889 x316 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

FILED

07 MAR 22 AM 9:00

STATE
TALLAHASSEE, FLORIDA



03022007 Chg-P CR2E034 (12/06)

FL Zip Code

Change Addition

Daytime Phone #

[Handwritten signature]

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ATTACHMENT

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