

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90745 010 \*\*\*158.75

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3560241**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ASHER, DONALD L JR</b> <b>2221 SANTA ANTILLES RD</b> <b>ORLANDO FL 32801</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BAUKNIGHT, JAMES H</b> <b>5600 E IRLA BRONSON MEMORIAL HWY.</b> <b>ST. CLOUD FL 34771</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOWYER, JAMES W</b> <b>900 LIVE OAK STREET</b> <b>MAITLAND FL 32751</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CAHILL, STEPHEN C</b> <b>2667 LAKE SHORE DRIVE</b> <b>ORLANDO FL 32803</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOUDNEY, DOUGLAS</b> <b>1443 BUCKWOOD CIRCLE</b> <b>ORLANDO FL 32806</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUHN, DOUGLAS A</b> <b>1701 ANTIQUA DRIVE</b> <b>ORLANDO FL 32806</b>	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**JOHN W. MARTIN, C.P.A.**  
**SENIOR VICE PRESIDENT/CFO**  
**FIRST COMMERCIAL BANK**  
**945 S. ORANGE AVENUE**  
**ORLANDO, FL 32806**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/03

407-872-3889 x310

Date

Daytime Phone #

CR2E034 (10/02)



## Division of Corporations

## Uniform Business Report

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Please enter additional business entities below.

Name and Title	Peter J. McDonald, Director
Address 1	24301 Milford Dr.
Address 2	201 Tranquility Cove
City, State Zip	Eustis, FL 32736 Altamonte Springs, FL 32701

Name and Title	Philip C. Owen, Director
Address 1	1509 Sunset Pointe
Address 2	
City, State Zip	Kissimmee, FL 34744

Name and Title	Morris Alan Rowe, Director & President
Address 1	3544 Country Lakes Drive
Address 2	
City, State Zip	Orlando, FL 32812

Name and Title	Sidney G. Spafford, Director
Address 1	505 Canterbury Lane
Address 2	
City, State Zip	Kissimmee, FL 34741

Name and Title	Michael L. Spraggins, Sr., Director
Address 1	4 E. Harvard Street
Address 2	
City, State Zip	Orlando, FL 32804

Attachment 70020541  
#P99000008347

Name and Title Thomas A Ter Beek, EVP  
Address 1 2221 Spring Lake Circle  
Address 2  
City, State Zip St. Cloud, FL 34771

Name and Title John W. Martin, SVP/CFO  
Address 1 1233 Sharon Place  
Address 2 1230  
City, State Zip Winter Park, FL 32789

Name and Title Jeffery B. Cowherd, SVP  
Address 1 1070 Campbell Street  
Address 2  
City, State Zip Orlando, FL 32806

Name and Title  
Address 1  
Address 2  
City, State Zip

Name and Title  
Address 1  
Address 2  
City, State Zip

☐ Add additional entities ☒ No additional entities

Continue Reset

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