

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K02565

1. Entity Name

INDEPENDENT BANCSHARES, INC.

Principal Place of Business

Mailing Address

60 S.W. 17TH STREET
P.O. BOX 2900
OCALA FL 32678

60 S.W. 17TH STREET
P.O. BOX 2900
OCALA FL 34478-2900

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 59-2869407

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

HUNT, JOHN R
8201 SE 7TH AVE RD
OCALA FL 34480

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	GADD, BILLY G	1147 SE 14TH ST	OCALA FL 34471	<input type="checkbox"/>						
D	DETERS, CHARLES H.	2701 TURKEYFOOT RD.	COVINGTON KY	<input type="checkbox"/>						
D	ETHERIDGE, FRANK R.	803 LAKE ADAIR BLVD N	ORLANDO FL	<input type="checkbox"/>						
D	TUTEN, J. LAMAR	1808 S. E. 7TH ST.	OCALA FL	<input checked="" type="checkbox"/>						
D	SLAUGHTER, LANDFORD T. DR	44 S.E. 16TH AVE.	OCALA FL	<input type="checkbox"/>						
DP	ELLINOR, ROBERT A	1911 TWIN BRIDGE CIRCLE	OCALA FL	<input type="checkbox"/>						

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 #

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90017 012 ***150.00

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DO NOT WRITE IN THIS SPACE

1/5/00 (352) 621-2377