

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K02565

FILED
Jan 03, 2003
Secretary of State

Entity Name: INDEPENDENT BANCSHARES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2869407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUNT, JOHN R
4970 SW 2ND COURT
OCALA, FL 34474 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GADD, BILLY G
Address: 1147 SE 14TH ST
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: DETERS, CHARLES H
Address: 2701 TURKEYFOOT RD.
City-St-Zip: COVINGTON, KY 41017

Title: D () Delete
Name: SLAUGHTER, LANFORD T DR
Address: 44 S.E. 16TH AVE.
City-St-Zip: OCALA, FL 34474

Title: DP () Delete
Name: ELLINOR, ROBERT A
Address: 8166 SE 12TH CT
City-St-Zip: OCALA, FL 34480

Title: D () Delete
Name: BAXLEY, DENNIS K
Address: 702 SE 14TH AVE
City-St-Zip: OCALA, FL 34471

Title: D (X) Delete
Name: MCCLELLAN, WILLIAM B
Address: 1729 SE 27TH LOOP
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. ELLINOR

DP

01/03/2003

Electronic Signature of Signing Officer or Director

Date