

FILED

2003 DEC 24 PM 1:32

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000000582

1. Entity Name
INDEPENDENT BANKERS' BANK OUTSOURCING
SERVICES OF FLORIDA, LLC*Partnership*Principal Place of Business
615 CRESCENT EXECUTIVE COURT, SUITE 400
LAKE MARY, FL 32746-2109Mailing Address
615 CRESCENT EXECUTIVE COURT, SUITE 400
LAKE MARY, FL 32746-2109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 75-3033542

Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BALL, BART B
615 CRESCENT EXECUTIVE COURT, SUITE 400
LAKE MARY, FL 32746-2109

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 date if applicable.

(NOTE: Registered Agents ignore this statement)

DATE

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WHITE, JOHN F
133 EAST OAK AVE
MOORESTOWN, NJ 08057 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HARRIS, CHRIS B
738 WYNDALD ROAD
JENKINTOWN, PA 19046 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LUBERT, JARA
9800 BUCCANEER MALL, SUITE 36
ST. THOMAS, US VIRGIN ISLAND 00802 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PALMER, JOHN
22 CARDINAL DRIVE
MOORESTOWN, NJ 08057 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600025754746
12/24/03--01035--002 *\$50.00 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
729 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I understand that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: *Henry M. Amador*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/22/03

Date

Daytime Phone #

856-914-9500 X107

CRZED03 (10/02)

STATEMENT 2003