

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000070

1. Entity Name

MONEY TREE ATM SERVICES, L.C.

APPROVED  
AND  
FILED

00 MAY 22 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

12-E COMMERCE STREET  
DESTIN FL 32541

Mailing Address

12-E COMMERCE STREET  
DESTIN FL 32541-2324



2. Principal Place of Business

3. Mailing Address

P.O. Box 5468

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

DESTIN FL

4. FEI Number

59-3549079

Applied For

Not Applicable

Zip

Country

Zip

32540

Country

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGEE, DAVID L  
3 WEST GARDEN STREET, SUITE 700  
PENSACOLA FL

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	INTEGRATED FINANCIAL SYSTEMS, L.C.	
STREET ADDRESS	12-E COMMERCE STREET	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	INTEGRATED FINANCIAL SYSTEMS, L.C.	
STREET ADDRESS	12-E COMMERCE STREET	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	000003283800	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-06/12/00--01003--014	
STREET ADDRESS	*****50.00 *****50.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/21/00

Date

Daytime Phone #

CR2E083 (9/99)