

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2001 8:00 am
Secretary of State

07-05-2001 90002 002 ***550.00

DOCUMENT # P98000053895

1. Entity Name

INDEPENDENT COMMUNITY BANK

Principal Place of Business

Mailing Address

**307 TEQUESTA DRIVE
TEQUESTA FL**

**307 TEQUESTA DRIVE
TEQUESTA FL**

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 **65-0771814**

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

Name

TIMOTHY L. LEATHERS

Street Address (P.O. Box Number is Not Acceptable)

307 TEQUESTA DRIVE

City

TEQUESTA

FL

Zip Code
33469

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

TIMOTHY L. LEATHERS

6/27/01

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	BOYKIN, LYKES M	
STREET ADDRESS	19669A BEACH ROAD	
CITY-ST-ZIP	JUPITER ISLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRICE, HERMAN W SR	
STREET ADDRESS	50 S MILITARY TRAIL	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLARKE, JOHN H	
STREET ADDRESS	19950 BEACH ROAD, 4-N	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENDERSON, D. RAY	
STREET ADDRESS	17885 SE FEDERAL HIGHWAY	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, MICHAEL N	
STREET ADDRESS	200 CENTRAL BLVD.	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KESSEL, CHRISTIAN F	
STREET ADDRESS	2600 S KANNER HWY BLDG V-5	
CITY-ST-ZIP	STUART FL 34994	

TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEATHERS, TIMOTHY L	
STREET ADDRESS	242 VILLAGE BLVD APT 2303	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIPIN, THOMAS	
STREET ADDRESS	18169 SE RIDGEVIEW DRIVE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D/VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZUCCARELLI, JOHN	
STREET ADDRESS	104 LIGHTHOUSE DRIVE	
CITY-ST-ZIP	JUPITER INLET COLONY FL 33469	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHNELL, STEVEN	
STREET ADDRESS	BLDG 3000 SUITE 104	
CITY-ST-ZIP	210 JUPITER LAKES JUPITER FL 33458	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOLS, WERNER	
STREET ADDRESS	PALM CITY FL 33490	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAUFMAN, CHARLES	
STREET ADDRESS	145 ECHO DRIVE	
CITY-ST-ZIP	JUPITER FL 33458	

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

TIMOTHY L. LEATHERS PRES/CEO **6/27/01** **746-1190**

Date

Daytime Phone #

CR2E034 (10/00)