

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90198 006 \*\*\*150.00

**DOCUMENT # P98000053895**

1. Entity Name  
**INDEPENDENT COMMUNITY BANK**



Principal Place of Business

~~907 TEQUESTA DRIVE~~

TEQUESTA FL

**250 Tequesta Dr**

Mailing Address

~~907 TEQUESTA DRIVE~~

TEQUESTA FL

**250 Tequesta Dr**

2. Principal Place of Business

**250 TEQUESTA DR**

Suite, Apt. #, etc.

**101**

3. Mailing Address

**250 TEQUESTA DR.**

Suite, Apt. #, etc.

**Suite 101**

City & State

**TEQUESTA FL**

City & State

**TEQUESTA FL**

Zip

**33469**

Country

Zip

**33469**

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D BOYKIN, LYKES M**  
STREET ADDRESS **19669A BEACH ROAD**  
CITY-ST-ZIP **JUPITER ISLAND FL**

TITLE ☒ Change ☐ Addition  
NAME **212 Coral Cay Terr.**  
STREET ADDRESS **Palm Beach Gardens, FL**  
CITY-ST-ZIP **33418**

TITLE ☐ Delete  
NAME **D BRICE, HERMAN W SR**  
STREET ADDRESS **50 S MILITARY TRAIL**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☒ Change ☐ Addition  
NAME **138 Olympus Way**  
STREET ADDRESS **Jupiter, FL**  
CITY-ST-ZIP **33427**

TITLE ☐ Delete  
NAME **D/P LEATHERS, TIMOTHY L**  
STREET ADDRESS **242 VILLAGE BLVD., APT 203**  
CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE ☒ Change ☐ Addition  
NAME **7654 SE MUIR WOODS LANE**  
STREET ADDRESS **Hobe Sound, FL**  
CITY-ST-ZIP **33455**

TITLE ☐ Delete  
NAME **D HENDERSON, D. RAY**  
STREET ADDRESS **17885 SE FEDERAL HIGHWAY**  
CITY-ST-ZIP **JUPITER FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D/C LIPIN, THOMAS**  
STREET ADDRESS **19169 SE RIDGEVIEW DRIVE**  
CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE ☒ Change ☐ Addition  
NAME **18169 SE Ridgeview Dr.**  
STREET ADDRESS **TEQUESTA FL**  
CITY-ST-ZIP **33469**

TITLE ☐ Delete  
NAME **D/V ZUCCARELLI, JOHN**  
STREET ADDRESS **104 LIGHTHOUSE DRIVE**  
CITY-ST-ZIP **JUPITER INLET COLONY FL 33469**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 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 2-4-03 (561) 746-1190**

Date

Daytime Phone #

CR2E034 (10/02)

Attachment # PA8000053895

30080795

**WE HAVE MOVED!!!!!!**

**PLEASE CHANGE MAILING ADDRESS TO:**

**INDEPENDENT COMMUNITY BANK  
250 TEQUESTA DRIVE  
STE 101  
TEQUESTA, FL 33469**