

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90043 035 \*\*\*150.00

**DOCUMENT # V10747**

1. Entity Name

**IBC OF INDIANA, INC.**

Principal Place of Business

Mailing Address

**2701 S. COLUSEUM BLVD.  
SUITE 1155 BLDG 28  
FT. WAYNE IN 46803****730 W. MCNAB ROAD  
FT. LAUDERDALE FL 33309**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0314557**

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

**GALLO, ROBIN  
730 W. MCNAB ROAD  
FORT LAUDERDALE FL 33309**Name **KEVIN SIROP**

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

**730 W. MCNAB ROAD**City **FT. LAUDERDALE****FL**Zip Code  
**33309**

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.

**VITIAS**

(NOTE: Registered Agent signature required when reinstating)

**1/9/01**

DATE

9. This corporation is eligible to satisfy its Intangible

**FILE NOW!!! FEE IS \$150.00**Tax filing requirement and elects to do so.  
(See criteria on back) ☐**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 **P** ☐ Delete  
NAME **ELLMAN, J. LEON**  
STREET ADDRESS **730 W. MCNAB ROAD**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**TITLE **P/DIAS** ☒ Change ☐ Addition  
NAME **J. LEON ELLMAN**  
STREET ADDRESS **730 W. MCNAB ROAD**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**TITLE **VP** ☐ Delete  
NAME **ELLMAN, NEIL**  
STREET ADDRESS **730 W. MCNAB ROAD**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**TITLE **V** ☒ Change ☐ Addition  
NAME **NEIL ELLMAN**  
STREET ADDRESS **730 W. MCNAB ROAD**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**TITLE **T** ☐ Delete  
NAME **SIROP, KEVIN**  
STREET ADDRESS **730 W. MCNAB ROAD**  
CITY-ST-ZIP **FT. LAUDERDALE FL**TITLE **VITIAS** ☒ Change ☐ Addition  
NAME **KEVIN SIROP**  
STREET ADDRESS **730 W. MCNAB ROAD**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**TITLE **VS** ☐ Delete  
NAME **BERK, ARTHUR J.**  
STREET ADDRESS **730 W. MCNAB RD**  
CITY-ST-ZIP **FT LAUDERDALE FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VP** ☐ Delete  
NAME **ELLMAN, VANCE**  
STREET ADDRESS **730 W MCNAB ROAD**  
CITY-ST-ZIP **FT LAUDERDALE FL 33309**TITLE **V** ☒ Change ☐ Addition  
NAME **LANE ELLMAN**  
STREET ADDRESS **730 W. MCNAB ROAD**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**TITLE **AS** ☒ Delete  
NAME **GALLO, ROBIN**  
STREET ADDRESS **730 W MCNAB**  
CITY-ST-ZIP **FT LAUDERDALE FL 33309**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**KEVIN SIROP**

Date

Daytime Phone #

**1/9/01****(954) 977-3094**

CR2E034 (10/00)