

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90095 010 \*\*\*150.00

0314063 AV

**DOCUMENT # V10747**

1. Entity Name

IBC OF INDIANA, INC.

Principal Place of Business

2701 S. COLISEUM BLVD.  
 SUITE 1155 BLDG 28  
 FT. WAYNE IN 46803

Mailing Address

730 W. MCNAB ROAD  
 FT. LAUDERDALE FL 33309

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

65-0314557

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

SIROP, KEVIN  
 730 W. MCNAB ROAD  
 FORT LAUDERDALE FL 33309

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

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, 2002 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 DPAS ☒ Change ☐ Addition  
 NAME ELLMAN, J. LEON  
 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 ELLMAN, NEIL  
 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 VTAS ☒ Change ☐ Addition  
 NAME SIROP, KEVIN  
 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 VS ☒ Change ☐ Addition  
 NAME BERK, ARTHUR J.  
 STREET ADDRESS 730 W. MCNAB ROAD  
 CITY-ST-ZIP FT. LAUDERDALE, FL 33309

TITLE VP ☐ Delete  
 NAME ELLMAN, VANCE  
 STREET ADDRESS 730 W MCNAB ROAD  
 CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE V ☒ Change ☐ Addition  
 NAME ELLMAN, LANCE  
 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 of Kevin Sirop*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/02 (954) 968-2333

CR2E034 (9/01)