

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 556949

**Entity Name:** BANCserv, INC.

**Current Principal Place of Business:**

1001 THOMASVILLE RD.  
STE. 201  
TALLAHASSEE, FL 32303

**FILED**  
**Jan 30, 2023**  
**Secretary of State**  
**4365982694CC**

**Current Mailing Address:**

P.O. BOX 11117  
TALLAHASSEE, FL 32302 US

**FEI Number: 59-1803525**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

RICCO, PAMELA +  
1001 THOMASVILLE RD.  
SUITE 201  
TALLAHASSEE, FL 32303 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PCEO  
Name RICCO, PAMELA  
Address 1001 THOMASVILLE RD., SUITE 201  
City-State-Zip: TALLAHASSEE FL 32303

Title T  
Name JORDAN, LESLEY  
Address 1001 THOMASVILLE RD., SUITE 201  
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR  
Name LITTLETON, GREG  
Address PO BOX 3400  
City-State-Zip: LAKE WALES FL 33859

Title CHAIRMAN  
Name SOUD, CAREY  
Address P.O. BOX 1237  
City-State-Zip: CLEWISTON FL 33440

Title DIRECTOR  
Name SHARP, KAREN  
Address P.O. BOX 1579  
City-State-Zip: KEY WEST FL 33041

Title DIRECTOR  
Name ROUNTREE, PAUL BEN  
Address 204 S. WOODLAND BLVD  
City-State-Zip: DELAND FL 32720

Title DIRECTOR  
Name MARTIN, VIRGINIA  
Address 4301 NORTH FEDERAL HWY  
City-State-Zip: OAKLAND PARK FL 33308

Title DIRECTOR  
Name COLLAZO, ANDRES  
Address 2301 NW 87TH AVE  
City-State-Zip: MIAMI FL 33172

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LESLEY JORDAN**

**SVP/CFO**

**01/30/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DEBASA, YVONNE  
Address 14095 S. DIXIE HIGHWAY  
City-State-Zip: MIAMI FL 33176

Title DIRECTOR  
Name GISLER, CHARLES  
Address 571 BEACHLAND BLVD  
City-State-Zip: VERO BEACH FL 32963

Title MANAGING DIRECTOR  
Name HICKEY, BRIAN  
Address 1001 THOMASVILLE RD.  
STE. 201  
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR  
Name NAVARRO, YUNI  
Address 780 NW 42ND AVENUE SUITE600  
City-State-Zip: MIAMI FL 33126

Title DIRECTOR  
Name USATEGUI, MARY  
Address 396 ALHAMBRA CIRCLE, SUITE 255  
City-State-Zip: MIAMI FL 33174