

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**  
01-25-2001 90015 018 \*\*\*150.00

**DOCUMENT # F00000001535**

1. Entity Name

**COONEY, RIKARD, AND CURTIN OF ILLINOIS, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 59689  
BIRMINGHAM AL 35209

P.O. BOX 59689  
BIRMINGHAM AL 35209

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 **63-1224145**

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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, 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 **TURNER, TIM**  
STREET ADDRESS **508 SHERIDEN**  
CITY-ST-ZIP **HIGHLAND PARK IL 60035**

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

TITLE **ST** ☐ Delete  
NAME **WOOD, CHARLES**  
STREET ADDRESS **3212 BROOK HIGHLAND TRACE**  
CITY-ST-ZIP **BIRMINGHAM AL 35242**

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

TITLE **CD** ☐ Delete  
NAME **COONEY, JOHN P**  
STREET ADDRESS **14 RIDGE DRIVE**  
CITY-ST-ZIP **MOUNTAIN BROOK AL 35213**

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

TITLE **CD** ☐ Delete  
NAME **CURTIN, THOMAS J**  
STREET ADDRESS **2931 SURREY ROAD**  
CITY-ST-ZIP **MOUNTAIN BROOK AL 35223**

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

TITLE **D** ☐ Delete  
NAME **HELVESTON, RONALD C**  
STREET ADDRESS **3552 TANGLE CREEK CIRCLE**  
CITY-ST-ZIP **BIRMINGHAM AL 35243**

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

TITLE **D** ☐ Delete  
NAME **COOPER, WILEY H IV**  
STREET ADDRESS **200 NASH CIRCLE**  
CITY-ST-ZIP **MOUNTAIN BROOK AL 35312**

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:

*Charles W. Wood, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Charles W. Wood, Jr.*

*1/11/01*  
Date

*205 870 7790*  
Daytime Phone #

CR2E034 (10/00)