

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 830737

1. Entity Name

A.L. DOUGHERTY CO., INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90223 040 ***150.00

Principal Place of Business Mailing Address
 SUITE 200J TOWNE CENTRE SUITE 200J TOWNE CENTRE
 2 E. MAIN STREET 2 E. MAIN STREET
 DANVILLE IL 61832 DANVILLE IL 61832

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 35-0376627

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
 1200 S. 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	PTD	<input type="checkbox"/> Delete
NAME	DOUGHERTY, PHYLLIS K.	
STREET ADDRESS	20 COUNTRY CLUB DR.	
CITY-ST-ZIP	DANVILLE IL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DOUGHERTY, CHARLOTTE K.	
STREET ADDRESS	3220 INDEPENDENCE DRIVE #214	
CITY-ST-ZIP	DANVILLE IL 61832	
TITLE	AT	<input type="checkbox"/> Delete
NAME	UNGARI, SARA D	
STREET ADDRESS	4930 SEELEY AVENUE	
CITY-ST-ZIP	DONWERS GROVE IL 60515	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	NICKEL, RENEE	
STREET ADDRESS	3564 S CATES ROAD	
CITY-ST-ZIP	KINGMAN IN	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DOUGHERTY, ALLEN L	
STREET ADDRESS	6337 S. COLLEGE	
CITY-ST-ZIP	TEMPE AZ 85283	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary	
STREET ADDRESS	Cynthia Starwalt	
CITY-ST-ZIP	5270 Cedar Street	
	Georgetown, IL 61846	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AS	
STREET ADDRESS	Allen, Larce DOUGHERTY	
CITY-ST-ZIP	1100 W. Myrna Lane	
	Tempe, AZ 85284	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Phyllis K Dougherty, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 (217)443-3151

Date

Daytime Phone #

CR2E034 (10/00)