

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 828188

1. Entity Name
TACONY CORPORATION

Principal Place of Business
1760 GILSINN LN.
P.O. BOX 730
FENTON MO 63026

Mailing Address
1760 GILSINN LN.
P.O. BOX 730
FENTON MO 63026

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 43-0742269

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

ALLEN, DAVID
6635 HWY AVE
JACKSONVILLE FL 32254

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
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HINDERER, H. WILLIAM III
12386 COPPERSMITH COURT
ST. LOUIS MO 63131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
TACONY, KENNETH
36 FAIR OAKS
ST LOUIS MO 63124 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
TACONY, KATHLEEN
36 FAIR OAKS
ST LOUIS MO 63124 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TACONY, EMILY
9433 FIREBUSH
ST LOUIS MO 63126 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HINDERER, AMY
12386 COPERSMITH COURT
ST LOUIS MO 63131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MALONEY, JOHN S.
511 AUTUMN OAKS DR
ELLISVILLE MO ☒ Delete

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.

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Exec. V.P.
Kristin Tacony
36 Fair Oaks
ST. Louis, MO 63124 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Kennon M. Tacony
114 1/2 46th St.
Newport Beach, CA 92663 ☐ Change ☒ Addition

SIGNATURE: *H. William Hinderer III*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(636) 349-3000
Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90076 009 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)