

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 829738

1. Entity Name

L.R. NELSON CORPORATION

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90187 046 ***555.00

Principal Place of Business

ONE SPRINKLER LANE
PEORIA IL 61615
US

Mailing Address

ONE SPRINKLER LANE
PEORIA IL 61615-9544
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-2498923

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 Applicable)

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	RISK, FRED J	
STREET ADDRESS	2373 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BIKALES, NORMAN	
STREET ADDRESS	ONE POST OFFICE SQUARE	
CITY-ST-ZIP	BOSTON MA --	
TITLE	D	<input type="checkbox"/> Delete
NAME	FICHTHORN, LUKE	
STREET ADDRESS	514 HOLLOW TREE RD	
CITY-ST-ZIP	DARIEN CT	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACLEAN, BARRY	
STREET ADDRESS	1000 ALLANSON RD	
CITY-ST-ZIP	MUNDELEIN IL	
TITLE	CDT	<input type="checkbox"/> Delete
NAME	RANSBURG, DAVID P	
STREET ADDRESS	509 E HIGH POINT RD	
CITY-ST-ZIP	PEORIA IL	
TITLE	VPAF	<input type="checkbox"/> Delete
NAME	BUSAM, RAYMOND J	
STREET ADDRESS	1 SPRINKLER LANE	
CITY-ST-ZIP	PEORIA IL	

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		
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STREET ADDRESS		
CITY-ST-ZIP		
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:

Raymond J. Busam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond J. Busam

5/1/00

Date

3096902352

Daytime Phone #

CR2E034 (9/99)