

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

07-19-2001 90237 002 \*\*\*550.00

**DOCUMENT # F93000000733**

1. Entity Name

**ALLSUP, INC. OF ILLINOIS**

Principal Place of Business

**5836 S. SEMORAN  
 ORLANDO FL 32822-4425  
 US**

Mailing Address

**300 ALLSUP PL  
 BELLEVILLE IL 62223  
 US**

2. Principal Place of Business

**12472 Lake Underhill Rd  
 Suite, Apt. #, etc.  
 Box 401**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Orlando FL 32828**

City & State

Zip  
**32828**

Country

Zip

Country

4. FEI Number

**37-1170934**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 C/O CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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

TITLE **CEO** ☐ Delete  
 NAME **ALLSUP, JAMES F**  
 STREET ADDRESS **300 ALLSUP PL**  
 CITY-ST-ZIP **BELLEVILLE IL 62223**

TITLE **V** ☐ Delete  
 NAME **SYLVIA, ROBERT E**  
 STREET ADDRESS **3719 BOATMAN'S PT.**  
 CITY-ST-ZIP **BELLEVILLE IL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **59 Chestnut Street**  
 CITY-ST-ZIP **S. Dartmouth MA 02748**

TITLE ☐ Change ☒ Addition  
 NAME **EVP & COO**  
 STREET ADDRESS **Ronald A. Buerger**  
 CITY-ST-ZIP **5 Country Hill Lane  
 Belleville IL 62221**

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

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

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

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/01

618-236-5769

Date

Daytime Phone #

CR2E034 (5/01)