

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005166

1. Entity Name
DCI REALTY, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90024 016 ***150.00

Principal Place of Business

Mailing Address

311 S. KAUTZ ROAD
ST. CHARLES IL 60174

311 S. KAUTZ ROAD
ST. CHARLES IL 60174-5326

2. Principal Place of Business

1600 E. Main Street

Suite, Apt. #, etc.

3. Mailing Address

1600 E. Main Street

Suite, Apt. #, etc.

City & State

St. Charles, IL 60174

City & State

St. Charles, IL 60174

Zip

60174

Country

USA

Zip

60174

Country

USA

4. FEI Number

36-3913846

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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, 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 SD
NAME KELLY, THOMAS J
STREET ADDRESS 311 S. KAUTZ RD.
CITY-ST-ZIP ST. CHARLES IL 60174 ☐ Delete

TITLE SD
NAME Kelly, Thomas J.
STREET ADDRESS 1600 E. Main Street, Ste. B
CITY-ST-ZIP St. Charles, IL 60174 ☒ Change ☐ Addition

TITLE PD
NAME MCARDLE, DAVID A
STREET ADDRESS 311 S. KAUTZ RD.
CITY-ST-ZIP ST. CHARLES IL 60174 ☐ Delete

TITLE PD
NAME McArdle, David A
STREET ADDRESS 4051 E. Main Street
CITY-ST-ZIP St. Charles, IL 60174 ☒ Change ☐ Addition

TITLE V
NAME CRAWFORD, STEPHEN J
STREET ADDRESS 5117 CASTELLO DR. STE 2
CITY-ST-ZIP NAPLES FL 34135 ☐ Delete

TITLE V
NAME Crawford, Stephen J
STREET ADDRESS 28000 Spanish Wells Boulevard
CITY-ST-ZIP Bonita Springs, FL 34135 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Thomas J. Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas J. Kelly, Secretary, 1/31/00, (941) 992-9476

Date

Daytime Phone #

CR2E034 (9/99)