

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005611

1. Entity Name

JONES-BLYTHE CONSTRUCTION CO.

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90015 025 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 5113  
SPRINGFIELD IL 62705

P.O. BOX 5113  
SPRINGFIELD IL 62705-5113

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 **37-0741570**

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

BLYTHE, JOHN F  
605 WHITFIELD AVENUE  
SARASOTA FL 34243

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	PC	<input type="checkbox"/> Delete
NAME	BLYTHE, FRED C	
STREET ADDRESS	1725 FAYETTE	
CITY-ST-ZIP	SPRINGFIELD IL 62704	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, MINNIE L	
STREET ADDRESS	1621 W. LAWRENCE AVE.	
CITY-ST-ZIP	SPRINGFIELD IL 62704	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BLYTHE, BETTY L	
STREET ADDRESS	1725 FAYETTE	
CITY-ST-ZIP	SPRINGFIELD IL 62704	
TITLE	V	<input type="checkbox"/> Delete
NAME	REED, STEVEN E	
STREET ADDRESS	2049 BATES	
CITY-ST-ZIP	SPRINGFIELD IL 62704	
TITLE	S	<input type="checkbox"/> Delete
NAME	BLYTHE, JOHN F	
STREET ADDRESS	1630 SOUTH GRAND AVENUE WEST	
CITY-ST-ZIP	SPRINGFIELD IL 62704	
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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-00 (21) 782-1640

CR2E034 (9/99)