

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006334

1. Entity Name

ASSOCIATION OF INDEPENDENT QUIKRETE LICENSEES, I

FILED

Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90066 047 ***150.00

Principal Place of Business

PO BOX 4048
WICHITA KS 67204

Mailing Address

PO BOX 4048
WICHITA KS 67204-0048

2. Principal Place of Business

P.O. Box 7717

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 7717

Suite, Apt. #, etc.

City & State

Wichita, KS

City & State

Wichita, KS

Zip

67277-7717

Country

Zip

67277-7717

Country

4. FEI Number

41-1761449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 \$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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RITCHIE, HALE D JR	
STREET ADDRESS	2020 N AMIDON	
CITY-ST-ZIP	WICHITA KS 67203	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	JETT, CHARLES K	
STREET ADDRESS	932 PROFESSIONAL PLACE	
CITY-ST-ZIP	CHESAPEAKE VA 23320	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DOHERTY, DARREN	
STREET ADDRESS	RT 52 (LEETOWN ROAD)	
CITY-ST-ZIP	STORMVILLE NY 12582-0408	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LAW, ALLEN	
STREET ADDRESS	6018 STEWART AVE.	
CITY-ST-ZIP	FREMONT CA 94538	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEIS, STUART	
STREET ADDRESS	2700 2ND ST., S.W.	
CITY-ST-ZIP	ALBUQUERQUE NM 87102	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, TIM	
STREET ADDRESS	E 16310 MARIETTA AVE.	
CITY-ST-ZIP	SPOKANE WA 99216	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLOCHKO, STEVE III	
STREET ADDRESS	8951 SCHAEFER HWY., BLDG #6	
CITY-ST-ZIP	DETROIT, MI 48228-2515	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JETT, CHARLIE JR	
STREET ADDRESS	932 PROFESSIONAL PLACE	
CITY-ST-ZIP	CHESAPEAKE, VA 23320	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RITCHIE, EDWARD	
STREET ADDRESS	2872 N. RIDGE ROAD	
CITY-ST-ZIP	WICHITA, KS 67277-7717	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETTY, J.D.	
STREET ADDRESS	15950 S. LORANG ROAD	
CITY-ST-ZIP	ELBURN, IL 60119	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMPSON, MARK	
STREET ADDRESS	701 MARSHALL ROAD	
CITY-ST-ZIP	VALLEY PARK, MO 63088	

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 #