

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000102

1. Entity Name

FARNSWORTH & WYLIE, INC.

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90061 007 \*\*\*150.00

Principal Place of Business

Mailing Address

2709 MCGRAW DRIVE  
ATTENTION: DIANE HASTY  
BLOOMINGTON IL 61704

2709 MCGRAW DRIVE  
ATTENTION: DIANE HASTY  
BLOOMINGTON IL 61704-6011

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

37-1123236

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

POLK, ROBERT E SR  
205 AUSTIN HILL COURT  
SUN CITY FL 33573

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

3. 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 CD  
NAME FARNSWORTH, GEORGE A  
STREET ADDRESS 41 RAVENWOOD  
CITY- ST- ZIP BLOOMINGTON IL 61704 ☐ Delete

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

TITLE PD  
NAME FARNSWORTH, JOHN R  
STREET ADDRESS 206 FLEETWOOD DR  
CITY- ST- ZIP BLOOMINGTON IL 61701 ☐ Delete

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

TITLE D  
NAME FINIEN, CHARLES N  
STREET ADDRESS 1113 BROADWAY  
CITY- ST- ZIP NORMAL IL 61761 ☐ Delete

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

TITLE D  
NAME ADAMS, DONALD L  
STREET ADDRESS 1002 PORTER LANE  
CITY- ST- ZIP NORMAL IL 61761 ☐ Delete

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

TITLE D  
NAME LEMON, JAMES R  
STREET ADDRESS 1131 OAKWOOD RD  
CITY- ST- ZIP EAST PEORIA IL 61611 ☐ Delete

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

TITLE D  
NAME MELTON, DOUGLAS C  
STREET ADDRESS 1929 HAVENHILL PARK  
CITY- ST- ZIP NORMAL IL 61761 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
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: Donald K. Rutledge  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/00

309/663-8435

Date

David's Phone #