

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **799000001797**

1. Entity Name

Bernardin, Lochmueller and Associates, Inc.

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90009 036 ***550.00

00071565

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
6200 Vogel Road 6200 Vogel Road
Evansville, IN 47715-4006 Evansville, IN 47715-4006

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

35-1455938

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CIT 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, 2001 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	PCD	☐ Delete
NAME	LOCHMUELLER, KEITH	
STREET ADDRESS	516 E ADAMS	
CITY-ST-ZIP	CHANDLER, IN	
TITLE	VD	☐ Delete
NAME	BERNARDIN, VINCENT L	
STREET ADDRESS	4801 BRIARWOOD DRIVE	
CITY-ST-ZIP	EVANSVILLE, IN	
TITLE	D	☐ Delete
NAME	ISLEY, DAVID L	
STREET ADDRESS	2030 W ILLINOIS	
CITY-ST-ZIP	EVANSVILLE, IN	
TITLE	STD	☒ Delete
NAME	BERNARDIN, THOMAS G.	
STREET ADDRESS	4020 COBBLE FIELD DRIVE	
CITY-ST-ZIP	EVANSVILLE, IN 47711	
TITLE	D	☐ Delete
NAME	BOERSTE DEAN W	
STREET ADDRESS	ONE OXFORD LANE	
CITY-ST-ZIP	TELL CITY, IN	
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	7801 BRIARWOOD DRIVE	
CITY-ST-ZIP		
TITLE		☒ Change ☐ Addition
NAME	SD	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	JAMES R. GULICK	
STREET ADDRESS	7400 OUTER GRAY ROAD	
CITY-ST-ZIP	NEWBURGH, IN 47630	

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: *Keith Lochmueller*

PRESIDENT

JUNE 13, 2001

812-479-6200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)