

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004828

1. Entity Name

ALLEDALE GRAVEL CO., INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90098 010 ***150.00

Principal Place of Business

Mailing Address

R. R. #1, BOX 200
ALLEDALE IL 62410

R. R. #1, BOX 200
ALLEDALE IL 62410-9727

2. Principal Place of Business

18306 Wabash 18 Ave

3. Mailing Address

18306 Wabash 18 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

37-1208328

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 PCD
NAME LITHERLAND, JAMES E
STREET ADDRESS 303 KIEFFER AVENUE
CITY-ST-ZIP MT. CARMEL IL 62863 ☐ Delete

TITLE V
NAME RIGG, DAVID
STREET ADDRESS 216 CHERRY HILL DRIVE
CITY-ST-ZIP MT. CARMEL IL 62863 ☐ Delete

TITLE ST
NAME XANDERS, SUE
STREET ADDRESS R. R. #1, BOX 200
CITY-ST-ZIP ALLEDALE IL 62410 ☐ Delete

TITLE D
NAME LITHERLAND, DONNA
STREET ADDRESS 303 KIEFFER AVENUE
CITY-ST-ZIP MT. CARMEL IL 62863 ☐ Delete

TITLE D
NAME LITHERLAND, STEVE
STREET ADDRESS 23167 ABERDEEN AVENUE
CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sue Xanders

3-28-00

Date

618-263-3521

Daytime Phone #

CR2E034 (9/99)