

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94093

1. Entity Name  
DOWDY MINNESOTA 10, INC.

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91684 001 \*\*\*300.00

Principal Place of Business  
1640 MADISON AVENUE  
MANKATO MN 56001  
US

Mailing Address  
PO BOX 3248  
MANKATO MN 56002-3248  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

4. FEI Number **59-3029273** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTON, ROBERT D JR		NAME		
STREET ADDRESS	221 EAST HICKORY STREET		STREET ADDRESS		
CITY-ST-ZIP	MANKATO MN 56001		CITY-ST-ZIP		
TITLE	PCOO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMBARD, F. ERNEST		NAME		
STREET ADDRESS	1650 MADISON AVENUE, STE 100		STREET ADDRESS		
CITY-ST-ZIP	MANKATO MN 56001		CITY-ST-ZIP		
TITLE	VCFO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIANSSEN, DAVID A		NAME		
STREET ADDRESS	221 EAST HICKORY STREET		STREET ADDRESS		
CITY-ST-ZIP	MANKATO MN 56001		CITY-ST-ZIP		
TITLE	TS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIANSSEN, DAVID A		NAME		
STREET ADDRESS	221 EAST HICKORY STREET		STREET ADDRESS		
CITY-ST-ZIP	MANKATO MN 56001		CITY-ST-ZIP		
TITLE	GM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKE, GERALD B		NAME		
STREET ADDRESS	1640 MADISON AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MANKATO MN 56001		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: David A. Christianssen  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date Daytime Phone #

CR2E034 (10/00)