

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002618

1. Entity Name

THE WALTER R. AND SUSAN P. LOVEJOY CHARITABLE FOUNDATION, INC.

Principal Place of Business

11265 OLD HARBOUR RD
LOST TREE VILLAGE
NORTH PALM BEACH FL 33408
US

Mailing Address

2015 SPRING RD
STE 200
OAK BR 60523
US

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

65-0669040

Applied For

Not Applicable

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

LOVEJOY, WALTER R
11265 OLD HARBOUR ROAD
LOST TREE VILLAGE
NORTH PALM BEACH FL 33408

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
LOVEJOY, WALTER R
1265 OLD HARBOUR RD
NORTH PALM BEACH FL 33408 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
LOVEJOY, SUSAN P
11265 OLD HARBOUR RD
NORTH PALM BEACH FL 33408 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STT
KILLOREN, THOMAS A
120 W STATE STREET, STE 400
ROCKFORD AL 61107 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas A. Killoren

(815) 987-4040

Date

Daytime Phone #

CR2E037 (9/01)

0092504

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90036 049 ****61.25



DO NOT WRITE IN THIS SPACE

Attachment Doc# N96000002618
CONDE, KILLOREN, BUESCHEL & CALGARO

ATTORNEYS AT LAW
120 WEST STATE STREET
SUITE 400
ROCKFORD, ILLINOIS 61101

THOMAS A. KILLOREN, P.C.
THOMAS A. BUESCHEL
ROBERT A. CALGARO
ANDREW T. SMITH
ANTHEA R. DAUGHERTY

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OF COUNSEL:
DALE F. CONDE

336651

WRITER'S NO.
(815) 987-4040

February 28, 2002

Florida Department of State
Katherine Harris, Secretary of State
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Walter R. and Susan P. Lovejoy
Charitable Foundation, Inc.
2002 Uniform Business Report

Dear Ms. Harris:

Enclosed on behalf of the above foundation is the
2002 Uniform Business Report, together with a remittance in the
amount of \$61.25.

If you have any questions or comments, please contact
me.

Sincerely yours,


THOMAS A. KILLOREN

TAK:es
Enclosures
Annual\LovejoyFound-UBR