

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P10315

1. Entity Name

H. M. BUCKLEY & SONS, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90096 025 ***150.00

Principal Place of Business

Mailing Address

RR 6 MEADOWBROOK RD
P O BOX 1237
SPRINGFIELD IL 62705

RR 6 MEADOWBROOK RD
P O BOX 1237
SPRINGFIELD IL 62705-1237

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

37-0872914

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

BUCKLEY THOMAS E
7501 NORTH AIRPORT ROAD
NAPLES FL 33942

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME BUCKLEY, HARRY M., III
STREET ADDRESS 505 TECUMSEH TRAIL
CITY-ST-ZIP SPRINGFIELD IL

TITLE ☐ Change ☐ Addition
NAME President
STREET ADDRESS Buckley, Harry M III
CITY-ST-ZIP 50 S Meadowbrook Rd
Springfield IL 62707

TITLE ☐ Delete
NAME VD
STREET ADDRESS BUCKLEY, DONALD E.
CITY-ST-ZIP 1931 CARDINAL DRIVE
SPRINGFIELD IL

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

TITLE ☐ Delete
NAME STD
STREET ADDRESS BUCKLEY, DONALD E.
CITY-ST-ZIP 1931 CARDINAL DRIVE
SPRINGFIELD IL

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS BUCKLEY, THOMAS E.
CITY-ST-ZIP 1900 TILLER TERRACE
NAPLES FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BUCKLEY, ILEUS N
CITY-ST-ZIP 34 TURNBERRY
SPRINGFIELD IL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

H. M. Buckley III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-00

217
546-7211

CR2E034 (9/99)