

# 2001-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P10315

1. Entity Name -

H. M. BUCKLEY & SONS, INC.

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

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 37-0872914

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

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, 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	P	<input type="checkbox"/> Delete
NAME	BUCKLEY, HARRY M., III	
STREET ADDRESS	50 S MEADOWBROOK RD	
CITY-ST-ZIP	SPRINGFIELD IL 62707	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BUCKLEY, DONALD E.	
STREET ADDRESS	1931 CARDINAL DRIVE	
CITY-ST-ZIP	SPRINGFIELD IL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BUCKLEY, DONALD E.	
STREET ADDRESS	1931 CARDINAL DRIVE	
CITY-ST-ZIP	SPRINGFIELD IL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BUCKLEY, THOMAS E.	
STREET ADDRESS	1900 TILLER TERRACE	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCKLEY, ILEUS N.	
STREET ADDRESS	34 TURNBERRY	
CITY-ST-ZIP	SPRINGFIELD IL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER (OR DIRECTOR)

H.M. BUCKLEY III

5-28-01

Date

217-546-2211

Daytime Phone #

CR2034 (10/00)

5. **FILED**  
**Jun 08, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90716 014 \*\*\*150.00

7349



DO NOT WRITE IN THIS SPACE