

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90006 026 ***150.00

DOCUMENT # P13574

1. Entity Name
PONDER & CO.

Principal Place of Business

**217 WEST MONROE
HERRIN IL 62948**

Mailing Address

**217 WEST MONROE
HERRIN IL 62948**

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

37-1146412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**POTTER, THOMAS
240 SOUTH PINEAPPLE AVE
SUITE 801
SARASOTA FL 34236**

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, 2002 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	D	☐ Delete
NAME	GOTTSCHALK, ROBERT	
STREET ADDRESS	4302 EATON CIRCLE	
CITY-ST-ZIP	COLLEYVILLE TX 76034	
TITLE	PD	☐ Delete
NAME	FIORINA, JERALD P.	
STREET ADDRESS	8 DOGWOOD LANE	
CITY-ST-ZIP	HERRIN IL 62948	
TITLE	AS	☐ Delete
NAME	TIMMERMANN, JOHN	
STREET ADDRESS	3 RED BUD LANE	
CITY-ST-ZIP	HERRIN IL	
TITLE	D	☐ Delete
NAME	PAYNE, CHRISTOHER T.	
STREET ADDRESS	634 HUMPHREY DRIVE	
CITY-ST-ZIP	EVERGREEN, CO	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	☐ Change ☒ Addition
NAME	David L. Anderson	
STREET ADDRESS	245 W. Main St	
CITY-ST-ZIP	Elmhurst IL 60120	
TITLE	Director	☐ Change ☒ Addition
NAME	Terrence Sherry	
STREET ADDRESS	2301 Oxford Rd	
CITY-ST-ZIP	Nashville TN 37215	

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)