

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34884

1. Entity Name

CHEMICAL LIME COMPANY OF ALABAMA, INC.

Principal Place of Business

3700 HULEN
FT. WORTH TX 76107
US

Mailing Address

P.O. BOX 985004
FT. WORTH TX 76185-5004
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM
110 NORTH MAGNOLIA STREET
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

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

TITLE PD
NAME REILLY, DAVID M.
STREET ADDRESS 3700 HULEN
CITY-ST-ZIP FT. WORTH TX 76107 ☐ Delete

TITLE VD
NAME BERGHMANS, JEAN-PIERRE
STREET ADDRESS 3700 HULEN
CITY-ST-ZIP FT. WORTH TX ☐ Delete

TITLE SD
NAME LHOIST, LEON-ALBERT
STREET ADDRESS 3700 HULEN
CITY-ST-ZIP FT. WORTH TX ☐ Delete

TITLE VP
NAME EHLE, JAMES L.
STREET ADDRESS 3700 HULEN
CITY-ST-ZIP FT. WORTH TX 76107 ☐ Delete

TITLE T
NAME BILLIAN, ANN S.
STREET ADDRESS 3700 HULEN
CITY-ST-ZIP FT. WORTH TX ☐ Delete

TITLE CFO
NAME BATTERSHELL, WILLIAM F
STREET ADDRESS 3700 HULEN
CITY-ST-ZIP FT WORTH TX 76107 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

William F. Battershell

WILLIAM F. BATTERSHELL

1/28/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90018 038 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

63-1002780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required