

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90116 045 \*\*\*150.00

**DOCUMENT # F94000000029**

1. Entity Name

**ASSOCIATED REFUSE DISPOSAL CORPORATION**

Principal Place of Business

Mailing Address

739 LAMP POST LN  
LAKELAND FL 33908  
US

739 LAMP POST LN  
LAKELAND FL 33809-4237  
US

2. Principal Place of Business

3. Mailing Address

**5428 WEBER PL**

**5428 WEBER PL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LAKELAND FL**

City & State

**LAKELAND FL**

4. FEI Number

**36-2465559**

Applied For

Not Applicable

Zip

**33809**

Country

Zip

**33809**

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

**BLAUW, RICHARD**  
**739 LAMP POST LN**  
**LAKELAND FL 33809**

Name

Street Address (P.O. Box Number is Not Acceptable)

**5428 WEBER PL**

City

**LAKELAND**

**FL**

Zip Code

**33809**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PSTD**  
**BLAUW, RICHARD**  
**739 LAMP POST LN**  
**LAKELAND FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**BLAUW, RICHARD**  
**5428 WEBER PL**  
**LAKELAND FL 33809**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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:

**Richard Blauw**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-3-2000**

Date

Daytime Phone #

C.F. 1E034 (9/99)