

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90409 015 \*\*\*150.00

**DOCUMENT # P94000025440**

1. Entity Name

**PEBBLE CREEK UTILITIES, INC.**

Principal Place of Business

**200 WEATHERSFIELD AVENUE  
 ALTAMONTE SPRINGS FL 32714**

Mailing Address

**2355 SNADERS RD  
 NORTHBROOK IL 60062-6108  
 US**

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

**36-3980286**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
 1200 PINE ISLAND ROAD  
 PLANTATION FL 33324**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	<b>CEO</b>			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>CAMAREN, JAMES</b>	<b>2335 SANDERS RD</b>	<b>NORTHBROOK IL</b>							
	<b>P</b>			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>SCHUMACHER, LAWRENCE</b>	<b>2335 SANDERS RD</b>	<b>NORTHBROOK IL</b>							
	<b>VS</b>			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>DOPUCH, ANDREW</b>	<b>2335 SANDERS RD</b>	<b>NORTHBROOK IL</b>							
	<b>VP</b>			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>WENZ, CARL</b>	<b>2335 SANDERS RD</b>	<b>NORTHBROOK, IL</b>							
	<b>VP</b>			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>CARTER, DAVID</b>	<b>2335 SANDERS RD</b>	<b>NORTHBROOK, IL</b>							
	<b>VP</b>			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>RASMUSSEN, DONALD</b>	<b>200 WEATHERSFIELD AVENUE</b>	<b>ALTAMONTE SPRINGS, FL</b>							

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**  
 Andrew Dopus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/2000

Date

847-498-6440

Daytime Phone #

CR2E034 (9/99)