

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90871 028 \*\*\*150.00

SECRETARY OF STATE  
AV

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  
US**

**DUPLICATE**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**36-3980286**

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

**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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO**  Delete  
NAME **CAMAREN, JAMES**  
STREET ADDRESS **2335 SANDERS RD**  
CITY-ST-ZIP **NORTHBROOK IL**

TITLE **Chairman & CEO**  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P**  Delete  
NAME **SCHUMACHER, LAWRENCE**  
STREET ADDRESS **2335 SANDERS RD**  
CITY-ST-ZIP **NORTHBROOK IL**

TITLE **President & CFO**  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VS**  Delete  
NAME **DOPUCH, ANDREW**  
STREET ADDRESS **2335 SANDERS RD**  
CITY-ST-ZIP **NORTHBROOK IL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP**  Delete  
NAME **WENZ, CARL**  
STREET ADDRESS **2335 SANDERS RD**  
CITY-ST-ZIP **NORTHBROOK IL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP**  Delete  
NAME **CARTER, DAVID**  
STREET ADDRESS **2335 SANDERS RD**  
CITY-ST-ZIP **NORTHBROOK IL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP**  Delete  
NAME **RASMUSSEN, DONALD**  
STREET ADDRESS **200 WEATHERSFIELD AVE**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE  Change  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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/02 847-498-6440**

Date

Daytime Phone #

CR2E034 (9/01)