

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED 0-90500

AND  
FILED

00 SEP -6 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000070285**

1. Entity Name

**Superior Waste Services of Florida, Inc.**

Principal Place of Business

**P.O. Box 2736  
5117 South Pine Avenue  
Ocala, FL 34480**

Mailing Address

**P.O. Box 2736  
5117 South Pine Avenue  
Ocala, FL 34480**

2. Principal Place of Business  
(Same as above)

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address  
(Same as above)

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number  
**65-0858287**

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

**CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324**

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 **N/A**

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 **P/D** NAME **G.W. "Bill" Dietrich** ☐ Delete  
STREET ADDRESS **125 South 84th Street, Suite 200**  
CITY-ST-ZIP **Milwaukee, WI 53214**

TITLE **V** NAME **James M. Dancy, Jr.** ☒ Delete  
STREET ADDRESS **125 South 84th St., Suite 200**  
CITY-ST-ZIP **Milwaukee, WI 53214**

TITLE **S** NAME **Scott S. Cramer** ☒ Delete  
STREET ADDRESS **125 South 84th Street, Suite 200**  
CITY-ST-ZIP **Milwaukee, WI 53214**

TITLE **T/D** NAME **George K. Farr** ☐ Delete  
STREET ADDRESS **125 South 84th Street, Suite 200**  
CITY-ST-ZIP **Milwaukee, WI 53214**

TITLE **AS** NAME **Karen K. Duke** ☒ Delete  
STREET ADDRESS **125 South 84th Street, Suite 200**  
CITY-ST-ZIP **Milwaukee, WI 53214**

TITLE **AS** NAME **Peter J. Rund** ☒ Delete  
STREET ADDRESS **125 South 84th Street, Suite 200**  
CITY-ST-ZIP **Milwaukee, WI 53214**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **S** NAME **Karen K. Duke** ☒ Change ☐ Addition  
STREET ADDRESS **125 South 84th Street, Suite 200**  
CITY-ST-ZIP **Milwaukee, WI 53214**

TITLE **AS** NAME **Scott S. Cramer** ☒ Change ☐ Addition  
STREET ADDRESS **125 South 84th Street, Suite 200**  
CITY-ST-ZIP **Milwaukee, WI 53214**

TITLE ☐ Change ☐ Addition  
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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: 

**Karen K. Duke, Secretary 9/01/00 414-479-7800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)