

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED 0-90500

DOCUMENT # P98000070285

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name  
**Superior Waste Services of Florida, Inc.**

Principal Place of Business <b>P.O. Box 2736 5117 South Pine Avenue Ocala, FL 34480</b>	Mailing Address <b>P.O. Box 2736 5117 South Pine Avenue Ocala, FL 34480</b>
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2. Principal Place of Business (Same as above) Suite, Apt. #, etc.	3. Mailing Address (Same as above) Suite, Apt. #, etc.	4. FEI Number <b>65-0858287</b>	Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>CT Corporation System 1200 South Pine Island Road Plantation, FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 (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 <b>P/D</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>G.W. "Bill" Dietrich</b> <input type="checkbox"/> Delete <b>125 South 84th Street, Suite 200</b> <b>Milwaukee, WI 53214</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>V</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>James M. Dancy, Jr.</b> <input checked="" type="checkbox"/> Delete <b>125 South 84th St., Suite 200</b> <b>Milwaukee, WI 53214</b>	TITLE <b>S</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Karen K. Duke</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>125 South 84th Street, Suite 200</b> <b>Milwaukee, WI 53214</b>
TITLE <b>S</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Scott S. Cramer</b> <input checked="" type="checkbox"/> Delete <b>125 South 84th Street, Suite 200</b> <b>Milwaukee, WI 53214</b>	TITLE <b>AS</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Scott S. Cramer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>125 South 84th Street, Suite 200</b> <b>Milwaukee, WI 53214</b>
TITLE <b>T/D</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>George K. Farr</b> <input type="checkbox"/> Delete <b>125 South 84th Street, Suite 200</b> <b>Milwaukee, WI 53214</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000003391190--0</b> <b>-09/13/00--01041--002</b> <b>*****61.25 *****61.25</b>
TITLE <b>AS</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Karen K. Duke</b> <input checked="" type="checkbox"/> Delete <b>125 South 84th Street, Suite 200</b> <b>Milwaukee, WI 53214</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>AS</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Peter J. Rund</b> <input checked="" type="checkbox"/> Delete <b>125 South 84th Street, Suite 200</b> <b>Milwaukee, WI 53214</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **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)