

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED 0-90500
AND
FILED

DOCUMENT # **P98000070285**

1. Entity Name

Superior Waste Services of Florida, Inc.

00 SEP -6 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

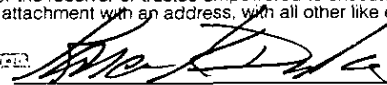
TITLE **AS** **Scott S. Cramer** ☒ Change ☐ Addition
NAME **125 South 84th Street, Suite 200**
STREET ADDRESS **Milwaukee, WI 53214**
CITY-ST-ZIP

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

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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)