### 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G82885

Entity Name: ADVANCED DISPOSAL SERVICES CYPRESS ACRES LANDFILL,

INC.

**FILED** Mar 29, 2024 **Secretary of State** 7906674108CC

### **Current Principal Place of Business:**

800 CAPITOL STREET **SUITE 3000** HOUSTON, TX 77002

## **Current Mailing Address:**

800 CAPITOL STREET **SUITE 3000** HOUSTON, TX 77002 US

FEI Number: 59-2362841 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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:

Electronic Signature of Registered Agent

Date

### Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title	VP, SECRETARY, DIRECTOR
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TIPPY, COURTNEY A. Name MYHAN, DAVID M. Name 800 CAPITOL STREET Address Address 800 CAPITOL STREET

**SUITE 3000 SUITE 3000** 

City-State-Zip: HOUSTON TX 77002 City-State-Zip: HOUSTON TX 77002

VΡ VΡ Title Title

Name BAUMAN, BRIAN J. Name SHAW, C. BRANDON

Address 800 CAPITOL STREET Address 800 CAPITOL STREET

**SUITE 3000 SUITE 3000** 

HOUSTON TX 77002 HOUSTON TX 77002 City-State-Zip: City-State-Zip:

VP, ASST. SECRETARY Title Title VP, ASST. TREASURER Name LAMBROS, JAMES F. Name LOCKETT, MARK A.

Address 800 CAPITOL STREET Address 800 CAPITOL STREET

**SUITE 3000 SUITE 3000** 

City-State-Zip: HOUSTON TX 77002 City-State-Zip: HOUSTON TX 77002

Title VP, CFO, CONTROLLER Title VP, TREASURER Name CARROLL, JOHN A. Name NAGY, LESLIE K.

800 CAPITOL STREET Address Address 800 CAPITOL STREET **SUITE 3000 SUITE 3000** 

HOUSTON TX 77002 **HOUSTON TX 77002** City-State-Zip: City-State-Zip:

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

03/29/2024 SIGNATURE: MARK A. LOCKETT VP & ASST, TREASURER

## Officer/Director Detail Continued:

Title Title ASST. TREASURER Name WILSON, JAMES A. Name BENNETT, JEFF R. Address 800 CAPITOL STREET Address 800 CAPITOL STREET SUITE 3000 SUITE 3000

City-State-Zip: HOUSTON TX 77002 City-State-Zip: HOUSTON TX 77002

Title ASST. SECRETARY Title ASSISTANT SECRETARY

Name DEANGELIS, CHRISTINA D. Name SILVA, LISA

Address 800 CAPITOL STREET Address 800 CAPITOL STREET **SUITE 3000** 

**SUITE 3000** 

City-State-Zip: HOUSTON TX 77002 City-State-Zip: HOUSTON TX 77002