

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 495081

1. Entity Name

PPW SEWER CO., INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90144 049 \*\*\*150.00

A0033402



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
C/O THE MAJOR GROUP, INC.  
222 S. 15TH ST., STE 600 NORTH  
OMAHA NE 68102  
US

Mailing Address  
C/O THE MAJOR GROUP, INC.  
222 S. 15TH ST., STE 600 NORTH  
OMAHA NE 68102-1680  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1672775**  
Applied For  
Not Applicable

Zip Country Zip Country

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

C T CORPORATION SYSTEM  
1200 SOUTH 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, 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	VD	<input checked="" type="checkbox"/> Delete
NAME	GERBER, WILLIAM J.	
STREET ADDRESS	222 S. 15TH ST., STE 600 NORTH	
CITY-ST-ZIP	OMAHA NE 68102	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MACE, GEORGIA M.	
STREET ADDRESS	222 S. 15TH ST., STE 600 NORTH	
CITY-ST-ZIP	OMAHA NE 68102	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KNOLLA, PETER A.	
STREET ADDRESS	222 S. 15TH ST., STE 600 NORTH	
CITY-ST-ZIP	OMAHA NE 68102	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COON, KENNETH C	
STREET ADDRESS	222 SOUTH 15TH STREET, SUITE 600 NORTH	
CITY-ST-ZIP	OMAHA NE 68102	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NELSON, JOHN P	
STREET ADDRESS	222 SOUTH 15TH STREET, SUITE 600 NORTH	
CITY-ST-ZIP	OMAHA NE 68102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-22-00