

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90001 046 ***150.00

0581429

DOCUMENT # F98000000110

1. Entity Name

KTI OPERATIONS, INC.

Principal Place of Business

**HIGHWAY 65 SOUTH
P.O. BOX 199
TELOGIA FL 32360**

Mailing Address

**HIGHWAY 65 SOUTH
P.O. BOX 199
TELOGIA FL 32360**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-2908946**

Applied For
Not Applicable

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, 2001 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	PDT	<input checked="" type="checkbox"/> Delete
NAME	SEGI, MARTIN J	
STREET ADDRESS	7000 BOULEVARD EAST	
CITY-ST-ZIP	GUTTENBERG NJ 07093	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	WETZEL, ROBERT E	
STREET ADDRESS	7000 BOULEVARD EAST	
CITY-ST-ZIP	GUTTENBERG NJ 07093	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HILL, DAVID E	
STREET ADDRESS	110 MAIN STREET SUITE 1308	
CITY-ST-ZIP	SACO ME 04072	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	PIRASTEH, ROSS	
STREET ADDRESS	7000 BOULEVARD EAST	
CITY-ST-ZIP	GUTTENBERG NJ 07093	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John W. Casella	
STREET ADDRESS	25 Greens Hill Lane	
CITY-ST-ZIP	Rutland, VT 05701	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Douglas R. Casella	
STREET ADDRESS	25 Greens Hill Lane	
CITY-ST-ZIP	Rutland, VT 05701	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James W. Bohlig	
STREET ADDRESS	25 Greens Hill Lane	
CITY-ST-ZIP	Rutland, VT 05701	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerry S. Cifor	
STREET ADDRESS	25 Greens Hill Lane	
CITY-ST-ZIP	Rutland, VT 05701	
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

Jerry S. Cifor
Treasurer

1/2/01
Date

802-775-0325
Daytime Phone #

CR2E034 (10/00)