

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006661

1. Entity Name

REPUBLIC SERVICES OF FLORIDA GP, INC.

Principal Place of Business

110 S.E. 6TH STREET, 28TH FLOOR
FT. LAUDEDALE FL 33301

Mailing Address

110 S.E. 6TH STREET, 28TH FLOOR
FT. LAUDEDALE FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

C T 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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO O'CONNOR, JAMES E 110 S.E. 6TH STREET, 28TH FLOOR FT. LAUDEDALE FL 33301	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COSMAN, JAMES E 110 S.E. 6TH STREET, 28TH FLOOR FT. LAUDEDALE FL 33301	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BARCLAY, DAVID A 110 S.E. 6TH STREET, 28TH FLOOR FT. LAUDEDALE FL 33301	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KATZ, MATTHEW D 110 S.E. 6TH STREET, 28TH FLOOR FT. LAUDEDALE FL 33301	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANG, EDWARD A III 110 S.E. 6TH STREET, 28TH FLOOR FT. LAUDEDALE FL 33301	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 supplement 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

David A. Barclay, V.P. / Secretary 1/10/01 954-769-2400

Date

Daytime Phone #

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90078 001 ***150.00

00007474



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0963062

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

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