

2001 UNIFORM BUSINESS REPORT (UBR)

0419908

DOCUMENT # G82885

1. Entity Name

SUPERIOR CYPRESS ACRES LANDFILL, INC.

Principal Place of Business

7424 NE 33RD COURT
OCALA FL 34479
US

Mailing Address

PO BOX 2736
OCALA FL 34478
US

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 59-2362841

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUPERIOR WASTE SERVICES OF FL, INC
5111 SOUTH PINE AVE
OCALA FL 34480

7. Name and Address of New Registered Agent

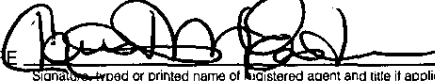
Name CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City Plantation FL Zip Code 33324

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 

Christine M. Eastwine
Assistant Secretary

4/24/01
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	P	<input checked="" type="checkbox"/> Delete
NAME	DANEY, JAMES	
STREET ADDRESS	1605 MAIN ST STE 904	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BRANZ, LARRY	
STREET ADDRESS	100 W BAY ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	G.W. "Bill" Dietrich	
STREET ADDRESS	125 S. 84th St., #200	
CITY-ST-ZIP	Milwaukee, WI 53214	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wesley E. Berger	
STREET ADDRESS	1605 Main St, #904	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George K. Farr	
STREET ADDRESS	125 S. 84th St., #200	
CITY-ST-ZIP	Milwaukee, WI 53214	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen K. Duke	
STREET ADDRESS	125 S. 84th St., #200	
CITY-ST-ZIP	Milwaukee, WI 53214	
TITLE	Asst.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott S. Cramer	
STREET ADDRESS	125 S. 84th St., #200	
CITY-ST-ZIP	Milwaukee, WI 53214	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul R. Jenks	
STREET ADDRESS	125 S. 84th St., #200	
CITY-ST-ZIP	Milwaukee, WI 53214	

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:



Scott S. Cramer, Assistant Secretary 4/18/01 414-479-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

FILED
01 APR 25 PM 2:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE