

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90010 031 ***150.00

DOCUMENT # H09451

1. Entity Name

ALAFAYA UTILITIES, INC.

Principal Place of Business

Mailing Address

200 WEATHERSFIELD AVE
 ALTAMONTE SPRINGS FL 32714
 US

2335 SANDERS RD
 NORTHBROOK IL 60062-6108
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2419800

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMAREN, JAMES	NAME	
STREET ADDRESS	2335 SANDERS RD	STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL 60062	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUMACHER, LAWRENCE	NAME	
STREET ADDRESS	2335 SANDERS RD	STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL 60062	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENZ, CARL J	NAME	
STREET ADDRESS	2335 SANDERS RD	STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL 60062	CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOPUCH, ANDREW N	NAME	
STREET ADDRESS	2335 SANDERS ROAD	STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL 60062	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, DAVID	NAME	
STREET ADDRESS	2335 SANDERS RD	STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK, IL	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASMUSSEN, DONALD	NAME	
STREET ADDRESS	200 WEATHERSFIELD AVENUE	STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL	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)

4/4/2000

847-498-6440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Andrew Dopuch

Date

Daytime Phone #

CR2E034 (9/99)