

2000 UNIFORM BUSINESS REPORT (UBR)

2261090

DOCUMENT # **H26310**

i. Entity Name
Waste Management of Leon County, Inc.

Principal Place of Business Mailing Address

FILED
SECRETARY OF STATE
VISION OF CORPORATIONS
00 MAY 11 PM 1:33



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1001 Famin
Suite, Apt. #, etc.
Suite 4000
City & State
Houston Tx
Zip
77002 Country
USA

3. Mailing Address
1001 Famin
Suite, Apt. #, etc.
Suite 4000
City & State
Houston TX
Zip
77002 Country
USA

4. FEI Number
36-3319565

Applied For
 Not Applicable

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

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 _____ (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.

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

TITLE	President	<input type="checkbox"/> Delete
NAME	Miller Matthews	
STREET ADDRESS	1001 Famin Ste 4000	
CITY-ST-ZIP	Houston TX 77002	
TITLE	Secretary & Sole Director	<input type="checkbox"/> Delete
NAME	Bryan J. Blankfield	
STREET ADDRESS	1001 Famin Ste 4000	
CITY-ST-ZIP	Houston TX 77002	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Ronald Jones	
STREET ADDRESS	1001 Famin Ste 4000	
CITY-ST-ZIP	Houston TX 77002	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Robert Simpson	
STREET ADDRESS	1001 Famin Suite 4000	
CITY-ST-ZIP	Houston TX 77002	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400003273394--7	
STREET ADDRESS	-06/01/00--01048--001	
CITY-ST-ZIP	***7650.00 ***150.00	
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: **Robert G. Simpson** Date: **4/19/2000** Daytime Phone #: **7135126504**