## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 14, 2000 8:00 am Secretary of State **DOCUMENT # M74984** FOUNTAIN LAKES SEWER CORP. 02-14-2000 90037 010 \*\*\*150.00 Principal Place of Business Mailing Address FOUNTAIN LAKES BLVD 523 S. EIGHTH ST. MINNEAPOLIS MN 55404-1030 00020291\:÷1 andró FL 33928 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 41-1611741 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 55404-1078 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRIEDMAN, MARTIN S. Street Address (P.O. Box Number is Not Acceptable) 2544 BLAIRSTONE PINES DR. TALLAHASSEE FL 32301 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE Delete ■ Addition Daniel W. Engelsma ENGELSMA, DAN NAME NAME 4210 W. Old Shakopee Road 4220 W. OLD SHAKOPEE ROAD, STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BLOOMINGTON MN** CITY-ST-ZIP Bloomington, MN 55437-2995 TITLE K Change Addition TITLE ☐ Delete ENGELSMA, BRUCE NAME NAME Bruce W. Engelsma 4210 W. OLD SHAKOPEE RD. STREET ADDRESS STREET ADDRESS 523 S. Eighth Street CITY-ST-ZIP CITY-ST-ZIP MINNEAPOLIS MN 55437 <u> Minneapolis. MN 55404-1078</u> Addition TITLE ☐ Delete TITLE ₩ Change GOEBEL, JANICE R. NAME NAME 523 SOUTH 8TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 55404-1078 CITY-ST-ZIP MINNEAPOLIS MN **EVPC** EVP/COO Change ☐ Addition TITLE Delete TITLE SHERMAN, JERRY NAME NAME STREET ADDRESS **523 SOUTH 8TH STREET** STREET ADDRESS CITY-ST-ZIP 55404-1078 MINNEAPOLIS MN CITY-ST-ZIP Delete TITLE Change Addition OLSO, DAVID J. NAME NAME David J. Olson STREET ADDRESS 523 S. 8TH STREET STREET ADDRESS CITY-ST-ZIP MINNEAPOLIS MN CITY-ST-7IP 55404-1078 ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS 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 if true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of trusted employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

David Union, Secretary/Treasurer 2-09-00 SIGNATURE: OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment y

612-332-7281

Daytime Phone #

CR2E034 (9/99)