**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jul 17, 2001 8:00 am P00000107860 DOCUMENT # **Secretary of State** 1. Entity Name 04-07-2001 90006 013 \*\*\*150.00 A + AMERICAN DISPOSAL CO. Principal Place of Business Mailing Address 3926 NORTHWEST GAINESVILLE ROAD 3926 NORTHWEST GAINESVILLE ROAD OCALA FL 34475 OCALA FL 34475 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. П 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. ☐ Change ☐ Addition TITLE PSD ☐ Delete TITLE NAME BARNER, RICHARD JR NAME 3926 NORTHWEST GAINESVILLE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34475 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME O'HARA, EDWARD F STREET ADDRESS STREET ADDRESS 3926 NORTHWEST GAINESVILLE ROAD. CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34475. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ' ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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. This the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if



July 11, 2001

Divisions of Corporations POBox 6327 Tallahassee, FL 32302

Dear Divisions of Coporations,

Good day! Upon recieving the enclosed uniform business report. I called and spoke with Suzanne in your Public Inquiry Department - She had said that the first uniform business report was recieved without the Fedreal ID# included. Suzanne had also said you sent a letter stating such - We had never recieved a letter as such, until we recieved the attached report. As you will notice - we have included the Fed ID# - Please wave additional fees you may charge - This was not our fault. Feel free to call at anytime.

Respectfully,

Tana Winlker
Office Manager