

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000041685

1. Entity Name

LAKE PLACID UTILITIES, INC.

Principal Place of Business

200 WEATHERSFIELD AVE
ALTAMONTE SPRINGS FL 32714

Mailing Address

2335 SANDERS ROAD
NORTHBROOK IL 60062-6108
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 35-3938414

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT 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

| | | |
|----------------|----------------------|--|
| TITLE | CEO | <input type="checkbox"/> Delete |
| NAME | CAMAREN, JAMES | |
| STREET ADDRESS | 2335 SANDERS RD | |
| CITY-ST-ZIP | NORTHBROOK IL | |
| TITLE | VS | <input checked="" type="checkbox"/> Delete |
| NAME | DEMAREE, DAVID H | |
| STREET ADDRESS | 2335 SANDERS RD | |
| CITY-ST-ZIP | NORTHBROOK IL | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SCHUMACHER, LAWRENCE | |
| STREET ADDRESS | 2335 SANDERS RD | |
| CITY-ST-ZIP | NORTHBROOK IL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | WENZ, CARL | |
| STREET ADDRESS | 2335 SANDERS RD | |
| CITY-ST-ZIP | NORTHBROOK IL | |
| TITLE | VS | <input type="checkbox"/> Delete |
| NAME | DOPUCH, ANDREW | |
| STREET ADDRESS | 2335 SANDERS RD | |
| CITY-ST-ZIP | NORTHBROOK IL 60062 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | CARTER, DAVID | |
| STREET ADDRESS | 2335 SANDERS RD | |
| CITY-ST-ZIP | NORTHBROOK, IL | |

| | | |
|----------------|--------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RASMUSSEN, DONALD | |
| STREET ADDRESS | 200 WEATHERSFIELD AVENUE | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS, FL | |
| 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/2000

Date

847-498-6440

Daytime Phone #

CR2E034 (9/99)