## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew Dopuch

## **FILED** Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P93000041685 LAKE PLACID UTILITIES, INC. 04-27-2001 90269 040 \*\*\*150.00 Principal Place of Business Mailing Address 200 WEATHERSFIELD AVE 2335 SANDERS ROAD ALTAMONTE SPRINGS FL 32714 NORTHBROOK IL 60062 64 . 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 35-3938414 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 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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 it 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, 2001 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. 3R2E034 (10/00) TITLE Delete TITLE NAME NAME CAMAREN, JAMES STREET ADDRESS STREET ADDRESS 2335 SANDERS RD CITY-ST-ZIP CITY-ST-ZIP NORTHABROOK IL VΡ TITLE ☐ Delete TITLE ☐ Addition NAME RASMUSSEN, DONALD NAME STREET ADDRESS STREET ADDRESS 200 WEATHERSFIELD AVE CITY-ST-7IP CITY-ST-7IP ALTAMONTE SPRINGS FL Change TITLE ☐ Delete TITLE Addition NAME SCHUMACHER, LAWRENCE NAME STREET ADDRESS STREET ADDRESS 2335 SANDERS RD CITY-ST-ZIP CITY-ST-ZIP NORTHBROOK IL TITLE ☐ Delete ☐ Change Addition' TITLE NAME NAME wenz. Carl STREET ADDRESS STREET ADDRESS 2335 SANDERS RD CITY-ST-ZIP CITY-ST-ZIP NORTHBROOK IL TITLE ☐ Delete TITLE Change ☐ Addition NAME DOPUCH, ANDREW NAME STREET ADDRESS STREET ADDRESS 2335 SANDERS RD CITY-ST-ZIE CITY-ST-ZIP NORTHBROOK IL 60062 VΡ TITLE ☐ Delete TITLE ☐ Change NAME NAME Carter, David STREET ADDRESS STREET ADDRESS 2335 Sanders Road CITY-ST-7IP CITY-ST-ZIP Northbrook, IL 60062 13. I hereby certify that the information supplied with this filling 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.