

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
 05-21-2002 90871 028 ***150.00

DOCUMENT # P94000025440

1. Entity Name
PEBBLE CREEK UTILITIES, INC.

Principal Place of Business
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS FL 32714

Mailing Address
2335 SNADERS RD
NORTHBROOK IL 60062
US

2. Principal Place of Business

3. Mailing Address
2335 SANDERS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
36-3980286

Applied For
 Not Applicable

Zip

Country

Zip

Country

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 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 _____ (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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☐ Delete
NAME **CAMAREN, JAMES**
STREET ADDRESS **2335 SANDERS RD**
CITY-ST-ZIP **NORTHBROOK IL**

TITLE **Chairman & CEO** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **SCHUMACHER, LAWRENCE**
STREET ADDRESS **2335 SANDERS RD**
CITY-ST-ZIP **NORTHBROOK IL**

TITLE **President & CFO** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VS** ☒ Delete
NAME **DOPUCH, ANDREW**
STREET ADDRESS **2335 SANDERS RD**
CITY-ST-ZIP **NORTHBROOK IL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **WENZ, CARL**
STREET ADDRESS **2335 SANDERS RD**
CITY-ST-ZIP **NORTHBROOK IL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **CARTER, DAVID**
STREET ADDRESS **2335 SANDERS RD**
CITY-ST-ZIP **NORTHBROOK IL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **RASMUSSEN, DONALD**
STREET ADDRESS **200 WEATHERSFIELD AVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE ☐ Change ☐ 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02 847-498-6440
 Date Daytime Phone #

CR2E034 (9/01)