## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR AND TYPED DODUCH

## **FILED** DOCUMENT # P95000061183 May 01, 2000 8:00 am Secretary of State UTILITIES. INC OF EAGLE RIDGE 05-01-2000 90409 013 \*\*\*150.00 Principal Place of Business Mailing Address 2335 SANDERS RD. 200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS FL 32714 NORTHBROOK IL 60062-6108 740744 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3522909 Not Applicable Zip Country Zip Country \$8.75 Additional П Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RASMUSSEN, DONALD Street Address (P.O. Box Number is Not Acceptable) 200 WEATHERSFIELD AVENUE **ALTAMONTE SPRINGS FL 32714** Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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 12. 11. ☐ Addition TITLE ☐ Delete TITLE RASMUSSEN, DONALD NAME NAME 200 WEATHERSFIELD AVENUE STREET ADDRESS STREET ADDRESS **ALTAMONTE SPRINGS FL 32714** CITY-ST-ZIP CITY-ST-ZIP CEOC ☐ Change ☐ Addition ☐ Defete TITLE TITLE CAMAREN, JAMES L NAME NAME 2335 SANDERS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTHBROOK IL 60062 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE SCHUMACHER, LAWRENCE N NAME NAME 2335 SANDERS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTHBROOK IL 60062 CITY-ST-ZIP ۷Þ ☐ Delete TITLE ☐ Change ☐ Addition TITLE WENZ, CARL J NAME NAME 2335 SANDERS ROAD STREET ADDRESS STREET ADDRESS NORTHBROOK IL 60062 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE DOPUCH, ANDREW N NAME NAME 2335 SANDERS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP NORTHBROOK IL 60062 VP ☐ Change ☐ Addition ☐ Delete TITLE TITLE CARTER, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 2335 SANDERS RD CITY-ST-ZIP CITY-ST-ZIP NORTHBROOK, IL 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 frustee empowered to execute this report as required by Chapter 607. Elorida 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.

4/4/2000

847-498-6440

Daytime Phone #