

2002 UNIFORM BUSINESS REPORT (UBR) 095

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90871 024 ***150.00

DOCUMENT # P95000061183

1. Entity Name

UTILITIES, INC OF EAGLE RIDGE

Principal Place of Business

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS FL 32714

Mailing Address

2335 SANDERS RD.
NORTHBROOK IL 60062

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

59-3522909

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

RASMUSSEN, DONALD

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS FL 32714

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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 VP
NAME RASMUSSEN, DONALD
STREET ADDRESS 200 WEATHERSFIELD AVENUE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE CEO
NAME CAMAREN, JAMES L
STREET ADDRESS 2335 SANDERS ROAD
CITY-ST-ZIP NORTHBROOK IL 60062 ☐ DeleteTITLE Chairman & CEO
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ AdditionTITLE P
NAME SCHUMACHER, LAWRENCE N
STREET ADDRESS 2335 SANDERS ROAD
CITY-ST-ZIP NORTHBROOK IL 60062 ☐ DeleteTITLE President & CFO
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ AdditionTITLE VP
NAME WENZ, CARL J
STREET ADDRESS 2335 SANDERS ROAD
CITY-ST-ZIP NORTHBROOK IL 60062 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE VS
NAME DOPUCH, ANDREW N
STREET ADDRESS 2335 SANDERS ROAD
CITY-ST-ZIP NORTHBROOK IL 60062 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE VP
NAME CARTER, DAVID
STREET ADDRESS 2335 SANDERS RD
CITY-ST-ZIP NORTHBROOK IL 60062 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

4/18/02 847-498-6440

CR2E034 (9/01)