

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000048544

1. Entity Name

RURAL GARBAGE COLLECTION SERVICES, INC.

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90029 016 \*\*\*550.00

Principal Place of Business

Mailing Address

11804 SR 51  
LIVE OAK FL 32060

11804 SR 51  
LIVE OAK FL 32060

2. Principal Place of Business

108 West Howard St.

3. Mailing Address

108 West Howard St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LIVE Oak, FL

City & State

LIVE Oak, FL

Zip

Country

32060

USA

Zip

Country

32060

USA

4. FEI Number

59-3458704

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

SELLERS, ERNEST A JR  
105 NORTH OHIO AVENUE  
LIVE OAK FL 32060

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 **D** ☐ Delete  
NAME **STARLING, LARAMIE D**  
STREET ADDRESS **10660 83RD PLACE**  
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE **D** ☐ Change ☒ Addition  
NAME **PREVATT, JAMES W.**  
STREET ADDRESS **105 NORTH OHIO AVENUE**  
CITY-ST-ZIP **LIVE OAK, FL 32060**

TITLE **D** ☒ Delete  
NAME **KINARD, JERRY W**  
STREET ADDRESS **11804 SR 51**  
CITY-ST-ZIP **LIVE OAK FL 32060**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: **LARAMIE D. STARLING** *Laramie D Starling* 01/05/00 (904) 362 2889  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)