

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082608

1. Entity Name

CYPRESS LAKES UTILITIES, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90010 027 \*\*\*150.00

|   |  |
|---|--|
| Principal Place of Business<br><b>200 WEATHERSFIELD AVE.<br/>ALTAMONTE SPRINGS FL 32714</b> | Mailing Address<br><b>200 WEATHERSFIELD AVE.<br/>ALTAMONTE SPRINGS FL 32714-4027</b> |
|---|--|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 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                    | <b>NOT APPLICABLE</b>    | Applied For                           | <input type="checkbox"/> |
|                                  |                          | Not Applicable                        | <input type="checkbox"/> |
| 5. Certificate of Status Desired | <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |                          |

|  |  |  |  |  |  |           |          |  |
|--|--|--|--|--|--|-----------|----------|--|
| 6. Name and Address of Current Registered Agent  |  |  |  | 7. Name and Address of New Registered Agent        |  |           |          |  |
| <b>C T CORPORATION SYSTEM</b><br><b>1200 S. PINE ISLAND RD.</b><br><b>PLANTATON FL 33324</b> |  |  |  | Name   |  |           |          |  |
|  |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |           |          |  |
|  |  |  |  | City   |  | <b>FL</b> | 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

|   |   |   |                                    |
|---|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS |                         |                                 |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |                                 |                                   |
|----------------------------|-------------------------|---------------------------------|--|---|--|---------------------------------|-----------------------------------|
| TITLE                      | VP                      | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | RASMUSSEN, DONALD       |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 200 WEATHERSFIELD AVE   |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | ALTAMONTE SPGS FL 32714 |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      | CEOC                    | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | CAMAREN, JAMES J.       |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 2335 SANDERS RD         |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | NORTHBROOK IL 60062     |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      | P                       | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | SCHUMACHER, LAWRENCE N  |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 2335 SANDERS RD         |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | NORTHBROOK IL 60062     |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      | VP                      | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | WENZ, CARL J            |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 2335 SANDERS RFD        |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | NORTHBROOK IL 60062     |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      | VS                      | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | DOPUCH, ANDREW N        |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 2335 SANDERS RD         |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | NORTHBROOK IL 60062     |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      | VP                      | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | CARTER, DAVID           |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 2335 SANDERS RD         |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | NORTHBROOK, IL          |                                 |  | 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: Andrew N. Puch Date: 4/4/2000 Daytime Phone #: 847-498-6440  
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)