

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90087 050 \*\*\*150.00

0642922

**DOCUMENT # V08385**

1. Entity Name

**IMMOKALEE DISPOSAL, INC.**

Principal Place of Business

**120 W. JEFFERSON AVE.  
IMMOKALEE FL 34142  
US**

Mailing Address

**120 W. JEFFERSON AVE.  
IMMOKALEE FL 33934  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

4. FEI Number **65-0315986**

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

**COLLINS, LARRY JR.  
120 W. JEFFERSON AVE.  
IMMOKALEE FL 34142**

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, 2001 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

T  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MCBURNETT, REGINA  
410 PARKSIDE ST  
LEHIGH ACRES FL 33936**

☐ Delete

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

P  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**COLLINS, WANDA MAE  
101 HIGHVIEW AVE.  
LEHIGH ACRES FL 33936**

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STREET ADDRESS  
CITY-ST-ZIP

S  
TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
**COLLINS, LINDA  
191 STATE ROAD 29  
FELDA FL**

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TITLE  
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**COLLINS, LARRY J  
191 STATE ROAD 29  
FELDA FL**

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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

**Larry Collins Jr**

**3-29-01**

Date

**941-657-2729**

Daytime Phone #

CR2E034 (10/00)