



2019 SPECIAL WASTE HAULING PERMIT APPLICATION

Business Name: Seaside Sanitation

Owner's Name: Republic Services of Florida, Limited Partnership

Business Location: 8608 Arcola Ave., Hudson, FL 34467

Mailing Address: Same as above

Telephone Number: (727) 868-2566

Emergency Number: (248) 212-5738 Terrance Dotson -Division Manager

Branch locations: Business location from above

If a Corporation, the names and addresses of Officers:

Please see attached

(Continue on separate sheet, if necessary)

Mailing address of Corporation: 18500 N. Allied Way. Phoenix, AZ 85054

Manager's Mailing Address: Same as business address

Manager's e-mail Address:
TDotsonm@republicservices.com

Full description of each vehicle and all equipment to be used for collections:

Please see attached

The following information must accompany this application:

1. Written permission from the proper governing body to use the disposal site (Pasco County Landfill).
2. Name, address, age and exact duties of all employees who will be working within the city limits.
3. The number of accounts served, including any you plan to contract with, and a breakdown by classification as to whether residential, commercial or industrial accounts.
4. A complete rate schedule along with a statement by the applicant that any change in rates will be filed with the City Clerk at least 30 days prior to effective date of change.
5. A statement by the applicant that collection of garbage, trash and refuse shall be available for each account at frequency of no less than two (2) times per week, at intervals of not less than three (3) calendar days between collections or at such other frequencies and intervals of time as the applicant and the customers shall agree upon.
6. A statement by applicant that all collection equipment shall be of a type generally manufactured for the collection of refuse.
7. Certificate of insurance coverage complying with requirements as set forth in Section 10-42 (4) of New Port Richey City Code Chapter 10, Article II, Division 2, stating that "Such person shall
 - (4) Be insured by a comprehensive liability insurance policy in an amount not less than one hundred thousand dollars (\$100,000.00) per person bodily injury, three hundred thousand dollars (\$300,000.00) per occurrence, and twenty-five thousand (\$25,000.00) property damage per occurrence, and that the employees of such person are properly insured as required by F.S. Chapter 440, and that the insurance shall be evidenced by delivering a certificate of such insurance with the application for such a permit."

8. A permit fee of \$500.00 payable to the City of New Port Richey, Florida.



Signature of Applicant

Howard Peterson

Print Name of Applicant

10/29/19

Date

Attachments: Ordinance No. 2017-2111
Resolution No. 2017-02

Permit No. 30



REFUSE COLLECTION PERMIT

THIS PERMIT ENTITLES REPUBLIC SERVICES, INC. TO OPERATE A REFUSE COLLECTION BUSINESS IN THE UNINCORPORATED AREAS OF PASCO COUNTY FROM JANUARY 1, 2018 THROUGH DECEMBER 31, 2019. PROVIDED THE FOLLOWING SITUATIONS ARE ADHERED TO

1. LICENSEE SHALL CHANGE THE DESIGNATED DISPOSAL SITE IF NECESSARY TO MEET THE REQUIREMENTS OF ANY SUBSEQUENT FLOW CONTROL ORDINANCE OR SPECIAL ACT ENACTED FOR PASCO COUNTY

2. LICENSEE SHALL PROVIDE THEIR CUSTOMERS AND PASCO COUNTY WITH DETAILED INFORMATION PROVIDING JUSTIFICATION FOR ANY COLLECTION CHARGE INCREASES

3. LICENSEE SHALL ABIDE BY ADDITIONAL CONDITIONS IF ANY AS STATED IN THE ATTACHED BOARD OF COUNTY COMMISSIONERS APPROVED MEMORANDUM

4. THIS LICENSE SHALL BE SUBJECT TO ANY MODIFICATIONS OF THE LICENSEE REQUIREMENTS AS APPROVED BY THE BOARD OF COUNTY COMMISSIONERS FROM TIME TO TIME

DATED THIS 31ST OF December 2017

PC000919.100

PUBLIC INFRASTRUCTURE
ADMINISTRATION AND
SUPPORT SERVICES
PASCO COUNTY, FLORIDA
ROBERT J. S. GAYDON, PUBLIC
INFRASTRUCTURE
ADMINISTRATION AND
SUPPORT SERVICES
DIRECTOR

Phone	County	City	Address	Zip
3757 300	Archer	Brian	01/25/2017 8720 Bel Mere Dr	
3757 300	Basquit	Luis	06/07/2012 3807 Thornbush In	
3757 300	Benton	Thomas	03/01/2018 8231 Fox Hollow Rd	
3757 200	Berge	Chris	09/16/2011 16465 Curlew Rd	
3757 300	Berge	Christophers	02/09/2018 16465 Curlew Rd	
3757 300	Bunge	Devin	12/19/2017 419 E Morgan St	
3757 300	Capichano	Danielle	06/13/2018 9251 Mango St	
3757 300	Carler	Denise	11/21/2011 5011 Culbreath Rd	
3757 300	Carler	Johnathan	06/02/2012 5011 Culbreath Rd	
3757 200	Carter	Jerry	05/25/2016 7160 Lockwood Street	
3757 300	Cuesta	Armando	03/10/2017 4100 Tonga Lane	
3757 300	Dudley	Emanuel	06/27/2018 13951 Heritage Club Dr	
3757 300	Fernandez	Devin	04/27/2016 7336 Pond Circle	
3757 300	Figueroa	Jose	02/09/2015 12639 1st Isle	
3757 300	Garcia	Rafael	07/09/2015 7252 Spring Hill Dr	
3757 200	Germer	Kenneth	10/01/1992 11439 Nature Trail	
3757 200	Grant	Alexander	07/06/2009 6624 Marina Pointe Village Ct	
3757 300	Green	Maunce	09/26/2018 2230 Nursery Rd	
3757 300	Gulherme	Sieven	09/20/2013 5479 Abigail Dr	
3757 300	Hunt	Kyle	02/15/2017 7734 Judith Crescent	
3757 200	Johnson	Randy	03/04/1998 4911 Limestone Drive	
3757 300	Kocob	Tom	07/11/2018 10451 Abbeville St	
3757 300	Marinez	Herbert	10/03/2006 7540 Tyson Dr	
3757 300	Mercado	Jose	08/17/2017 11330 Rampark Ln	
3757 200	Parker	Timothy	08/27/2007 5253 Enfield Ave	
3757 300	Perron	Albert	11/21/2011 9211 Cochise	
3757 300	Sanchez	Marvin	08/23/2012 12800 Turnstone Ct	
3757 300	Schroyer	Cody	02/17/2016 7136 Bimini Dr	
3757 300	Sundean	Robert	08/19/2015 5412 Berkley Rd	
3757 200	Turner	Courtney	06/20/2018 19145 Andrea Lynn Lane	
3757 200	Vigo	Eric	09/20/2013 6088 Nantucket Lane	
3757 100	Villalpando	Mark	06/01/2012 7405 Westwind Dr	
3757 100	Vogel	Craig	04/25/2014 1275 Orangeview Ln	
3757 100	Walker	Richard	11/02/2017 13848 Adren Drive	
3757 300	Womack	Jonathan	07/21/2015 17931 Orange Dr	
3757 300	Zarett	Joshua	09/12/2018 9005 Hunt Club Lane	



October 29, 2019

5210 West Linebaugh Avenue
Tampa, FL 33624

City of New Port Richey
5919 Main Street
New Port Richey, FL 34652

RE: 2020 Special Waste Hauling Permit Application

Application Item - 3

Republic Services of Florida, Limited Partnership/Seaside Sanitation states that we service 242 commercial customers and 669 residential customers.

Thank you for your assistance,

A handwritten signature in black ink, appearing to read "H Peterson", written over a horizontal line.

Howard Peterson
205-354-1102
General Manager
Republic Services of Florida



October 29, 2019

5210 West Linebaugh Avenue
Tampa, FL 33624

City of New Port Richey
5919 Main Street
New Port Richey, FL 34652

RE: 2020 Special Waste Hauling Permit Application

Application Item - 4

Republic Services of Florida, Limited Partnership/Seaside Sanitation states that any change in rates will be filed with the City Clerk at least 30 days prior to effective date of change.

Thank you for your assistance,

A handwritten signature in black ink, appearing to read "H. Peterson", written over the printed name.

Howard Peterson
205-354-1102
General Manager
Republic Services of Florida

Pasco Capped Rates - No Fuel/Enviro/Admin Fees

	<u>1x</u>	<u>2x</u>	<u>3x</u>	<u>4x</u>	<u>5x</u>	<u>6x</u>	<u>EOW</u>
2yd	\$34.00	\$58.00	\$79.00	\$94.00	\$118.00	\$142.00	\$17.00
4yd	\$52.00	\$94.00	\$142.00	\$187.00	\$209.00	\$251.00	\$34.00
6yd	\$70.00	\$126.00	\$187.00	\$251.00	\$275.00	\$329.00	\$48.00
8yd	\$83.00	\$167.00	\$251.00	\$335.00	\$366.00	\$439.00	\$52.00



October 29, 2019

5210 West Linebaugh Avenue
Tampa, FL 33624

City of New Port Richey
5919 Main Street
New Port Richey, FL 34652

RE: 2020 Special Waste Hauling Permit Application

Application Item - 5

Republic Services of Florida, Limited Partnership/Seaside Sanitation states that collection of garbage shall be available for each account at frequency of no less than two (2) times per week, at intervals of not less than three (3) calendar days between collections or at such other frequencies and intervals of time as the applicant and the customers shall agree upon.

Thank you for your assistance,

A handwritten signature in black ink, appearing to read "H. Peterson".

Howard Peterson
205-354-1102
General Manager
Republic Services of Florida



October 29, 2019

5210 West Linebaugh Avenue
Tampa, FL 33624

City of New Port Richey
5919 Main Street
New Port Richey, FL 34652

RE: 2020 Special Waste Hauling Permit Application

Application Item - 6

Republic Services of Florida, Limited Partnership/Seaside Sanitation states that all collection equipment used to service customers within the City of New Port Richey shall be of a type of the generally manufactured for the collection of refuse.

Thank you for your assistance,

A handwritten signature in black ink, appearing to read "Howard Peterson".

Howard Peterson
205-354-1102
General Manager
Republic Services of Florida



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)
06/27/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER CANNON COCHRAN MANAGEMENT SERVICES, INC. 17015 N. SCOTTSDALE RD SCOTTSDALE, AZ 85255	CONTACT NAME: PHONE (A/C No.Ext): FAX (A/C No.Ext): E-MAIL ADDRESS: certificateteam@ccmsi.com														
INSURED REPUBLIC SERVICES, INC. 18500 N. ALLIED WAY PHOENIX, AZ 85054	INSURER(S) AFFORDING COVERAGE <table border="1"><thead><tr><th>INSURER</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: ACE American Insurance Co.</td><td>22667</td></tr><tr><td>INSURER B: Indemnity Insurance Company of NA</td><td>43575</td></tr><tr><td>INSURER C: ACE Fire Underwriters</td><td>20702</td></tr><tr><td>INSURER D: Illinois Union Insurance Company</td><td>27960</td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER	NAIC #	INSURER A: ACE American Insurance Co.	22667	INSURER B: Indemnity Insurance Company of NA	43575	INSURER C: ACE Fire Underwriters	20702	INSURER D: Illinois Union Insurance Company	27960	INSURER E:		INSURER F:	
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INSURER C: ACE Fire Underwriters	20702														
INSURER D: Illinois Union Insurance Company	27960														
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: 1584501

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS												
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			HDO G71570848	06/30/2019	06/30/2020	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 5,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 5,000,000</td></tr><tr><td>MED EXP (Any one person)</td><td></td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 5,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 5,000,000</td></tr><tr><td>PRODUCTS -COMP/OP AGG</td><td>\$ 5,000,000</td></tr></table>	EACH OCCURRENCE	\$ 5,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 5,000,000	MED EXP (Any one person)		PERSONAL & ADV INJURY	\$ 5,000,000	GENERAL AGGREGATE	\$ 5,000,000	PRODUCTS -COMP/OP AGG	\$ 5,000,000
EACH OCCURRENCE	\$ 5,000,000																		
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 5,000,000																		
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PERSONAL & ADV INJURY	\$ 5,000,000																		
GENERAL AGGREGATE	\$ 5,000,000																		
PRODUCTS -COMP/OP AGG	\$ 5,000,000																		
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>			ISA H25297635	06/30/2019	06/30/2020	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 5,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td></td></tr><tr><td>BODILY INJURY (Per accident)</td><td></td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td></td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000	BODILY INJURY (Per person)		BODILY INJURY (Per accident)		PROPERTY DAMAGE (Per accident)					
COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000																		
BODILY INJURY (Per person)																			
BODILY INJURY (Per accident)																			
PROPERTY DAMAGE (Per accident)																			
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<table border="1"><tr><td>EACH OCCURRENCE</td><td></td></tr><tr><td>AGGREGATE</td><td></td></tr></table>	EACH OCCURRENCE		AGGREGATE									
EACH OCCURRENCE																			
AGGREGATE																			
B A C A D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/>	N/A	WLR C66040380-AOS WLR C66040343-CA/MA/OR SCF C66040422 -WI WCU C6604046A - OH XS TNS C65221159 TX NSXS	06/30/2019 06/30/2019 06/30/2019 06/30/2019 06/30/2019	06/30/2020 06/30/2020 06/30/2020 06/30/2020 06/30/2020	<table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 3,000,000</td></tr><tr><td>E.L. DISEASE -EA EMPLOYEE</td><td>\$ 3,000,000</td></tr><tr><td>E.L. DISEASE -POLICY LIMIT</td><td>\$ 3,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER		E.L. EACH ACCIDENT	\$ 3,000,000	E.L. DISEASE -EA EMPLOYEE	\$ 3,000,000	E.L. DISEASE -POLICY LIMIT	\$ 3,000,000				
<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER																			
E.L. EACH ACCIDENT	\$ 3,000,000																		
E.L. DISEASE -EA EMPLOYEE	\$ 3,000,000																		
E.L. DISEASE -POLICY LIMIT	\$ 3,000,000																		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Division Number: 3757 - Named Insured Includes: Republic Services of Florida, Limited Partnership - Dba: Seaside Sanitation

CERTIFICATE HOLDER

City of New Port Richey, FL
5919 Main Street
New Port Richey, FL 34652-2715
United States

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

AGENCY CUSTOMER ID: _____
LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY		NAMED INSURED	
POLICY NUMBER See First Page		REPUBLIC SERVICES, INC. 18500 N. ALLIED WAY PHOENIX, AZ 85054	
CARRIER See First Page	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

The following provisions apply when required by written contract. As used below, the term certificate holder also includes any person or organization that the insured has become obligated to include as a result of an executed contract or agreement.

GENERAL LIABILITY:

Certificate holder is Additional Insured including on-going and completed operations when required by written contract.
Coverage is primary and non-contributory when required by written contract.
Waiver of Subrogation in favor of the certificate holder is included when required by written contract.

AUTO LIABILITY:

Certificate holder is Additional Insured when required by written contract.
Coverage is primary and non-contributory when required by written contract.
Waiver of Subrogation in favor of the certificate holder is included when required by written contract.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY:

Waiver of Subrogation in favor of the certificate holder is included when required by written contract where allowed by state law.

Stop gap coverage for ND, WA and WY is covered under policy no. WLR C66040380 and stop gap coverage for OH is covered under policy no. WCU C6604046A, as noted on page 1 of this certificate.

TEXAS EXCESS INDEMNITY AND EMPLOYERS LIABILITY:

Insured is a registered non-subscriber to the Texas Workers Compensation Act. Insured has filed an approved Indemnity Plan with the Texas Department of Insurance which offers an alternative in benefits to employees rather than the traditional Workers Compensation Insurance in Texas. The excess policy (#TNS C65221159) shown on this certificate provides excess Indemnity and Employers Liability coverage for the approved Indemnity Plan.

Contractual Liability is included in the General Liability and Automobile Liability coverage forms. The General Liability and Automobile Liability policies do not contain endorsements excluding Contractual Liability.

Separation of Insured (Cross Liability) coverage is provided to the Additional Insured, when required by written contract, per the Conditions of the Commercial General Liability Coverage form and the Automobile Liability Coverage form.



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by Entity Name

Foreign Limited Partnership

REPUBLIC SERVICES OF FLORIDA, LIMITED PARTNERSHIP

Filing Information

Document Number	B99000000467
FEI/EIN Number	65-0965470
Date Filed	12/27/1999
State	DE
Status	ACTIVE
Last Event	CONTRIBUTION CHANGE
Event Date Filed	05/09/2005
Event Effective Date	NONE

Principal Address

18500 North Allied Way
Phoenix, AZ 85054

Changed: 04/18/2019

Mailing Address

18500 North Allied Way
Phoenix, AZ 85054

Changed: 04/18/2019

Registered Agent Name & Address

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

General Partner Detail

Name & Address

Document Number F99000006661

REPUBLIC SERVICES OF FLORIDA GP, INC.
18500 North Allied Way
Phoenix, AZ 85054

Annual Reports

Report Year	Filed Date
2017	04/20/2017

2018	04/12/2018
2019	04/18/2019

Document Images

04/18/2019 -- ANNUAL REPORT	View image in PDF format
04/12/2018 -- ANNUAL REPORT	View image in PDF format
04/20/2017 -- ANNUAL REPORT	View image in PDF format
04/12/2016 -- ANNUAL REPORT	View image in PDF format
04/23/2015 -- ANNUAL REPORT	View image in PDF format
04/16/2014 -- ANNUAL REPORT	View image in PDF format
04/04/2013 -- ANNUAL REPORT	View image in PDF format
04/24/2012 -- ANNUAL REPORT	View image in PDF format
04/02/2011 -- ANNUAL REPORT	View image in PDF format
04/08/2010 -- ANNUAL REPORT	View image in PDF format
04/11/2009 -- ANNUAL REPORT	View image in PDF format
04/28/2008 -- ANNUAL REPORT	View image in PDF format
04/16/2007 -- ANNUAL REPORT	View image in PDF format
02/27/2006 -- ANNUAL REPORT	View image in PDF format
05/09/2005 -- ANNUAL REPORT	View image in PDF format
05/09/2005 -- Contribution Change	View image in PDF format
02/09/2004 -- ANNUAL REPORT	View image in PDF format
03/20/2003 -- ANNUAL REPORT	View image in PDF format
03/08/2002 -- ANNUAL REPORT	View image in PDF format
10/08/2001 -- Merger	View image in PDF format
03/12/2001 -- ANNUAL REPORT	View image in PDF format
07/06/2000 -- ANNUAL REPORT	View image in PDF format
05/19/2000 -- Merger	View image in PDF format
03/02/2000 -- Merger	View image in PDF format
03/01/2000 -- Merger	View image in PDF format
12/28/1999 -- Merger	View image in PDF format
12/27/1999 -- Foreign LP	View image in PDF format



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by Entity Name

Foreign Profit Corporation
REPUBLIC SERVICES, INC.

Filing Information

Document Number F98000003900
FEI/EIN Number 65-0716904
Date Filed 07/09/1998
State DE
Status ACTIVE

Principal Address

18500 North Allied Way
Phoenix, AZ 85054

Changed: 04/18/2019

Mailing Address

18500 North Allied Way
Phoenix, AZ 85054

Changed: 04/18/2019

Registered Agent Name & Address

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Officer/Director Detail

Name & Address

Title Vice President/Assistant Secretary

Nickerson, John
18500 North Allied Way
Phoenix, AZ 85054

Title Vice President/Assistant Secretary

Ulreich-Power, Thomas
18500 North Allied Way
Phoenix, AZ 85054

Title Vice President/Assistant Secretary

Kort, Myndi M.
18500 North Allied Way
Phoenix, AZ 85054

Title VP, Chief Accounting Officer

Goebel, Brian A.
18500 North Allied Way
Phoenix, AZ 85054

Title VP, Tax

Focazio, Lawrence
18500 North Allied Way
Phoenix, AZ 85054

Title Senior Vice President, Investor Relations

Giandinoto, Nicole
18500 North Allied Way
Phoenix, AZ 85054

Title Senior Vice President/Senior Vice President

Wilhoit, Adrienne W.
18500 North Allied Way
Phoenix, AZ 85054

Title Executive Vice President, COO

Ark, Jon Vander
18500 North Allied Way
Phoenix, AZ 85054

Title Executive Vice President, Chief Legal Officer

Ellingsen, Catharine D.
18500 North Allied Way
Phoenix, AZ 85054

Title Executive Vice President, CFO

Serianni, Charles F.
18500 North Allied Way
Phoenix, AZ 85054

Title Executive Vice President, Chief Development Officer

Bales, Brian A.
18500 North Allied Way
Phoenix, AZ 85054

Title Executive Vice President, Chief Administrative Officer

Hughes, Jeffrey A.
18500 North Allied Way
Phoenix, AZ 85054

Title President/CEO/Director

Slager, Donald W.
18500 North Allied Way
Phoenix, AZ 85054

Title Director

Weymouth, Katharine B.
18500 North Allied Way
Phoenix, AZ 85054

Title Director

Snee, James P.
18500 North Allied Way
Phoenix, AZ 85054

Title Director

Pegula, Kim S.
18500 North Allied Way
Phoenix, AZ 85054

Title Director

Volpe, Sandra M.
18500 North Allied Way
Phoenix, AZ 85054

Title Director

Kirk, Jennifer M.
18500 North Allied Way
Phoenix, AZ 85054

Title Director

Handley, Thomas W.
18500 North Allied Way
Phoenix, AZ 85054

Title Director

Kadre, Manuel
18500 North Allied Way
Phoenix, AZ 85054

Title Director

Collins, Tomago
18500 North Allied Way
Phoenix, AZ 85054

Title Director

Larson, Michael
18500 North Allied Way
Phoenix, AZ 85054

Title Director

Rodriguez, Ramon A.
18500 North Allied Way
Phoenix, AZ 85054

Title Director

Trani, John M.
18500 North Allied Way
Phoenix, AZ 85054

Title Director/Chairman of the Board

Kadre, Manuel
18500 North Allied Way
Phoenix, AZ 85054

Title Assistant Treasurer

Boyd, Calvin R.
18500 North Allied Way
Phoenix, AZ 85054

Title Treasurer

Giandinoto, Nicole
18500 North Allied Way
Phoenix, AZ 85054

Title Assistant Secretary

Schuler, Eileen B.
18500 North Allied Way
Phoenix, AZ 85054

Title Secretary

Ellingsen, Catharine D.
18500 North Allied Way

Phoenix, AZ 85054

Annual Reports

Report Year	Filed Date
2017	04/20/2017
2018	04/11/2018
2019	04/18/2019

Document Images

04/18/2019 -- ANNUAL REPORT	View image in PDF format
04/11/2018 -- ANNUAL REPORT	View image in PDF format
04/20/2017 -- ANNUAL REPORT	View image in PDF format
04/12/2016 -- ANNUAL REPORT	View image in PDF format
04/22/2015 -- ANNUAL REPORT	View image in PDF format
04/16/2014 -- ANNUAL REPORT	View image in PDF format
04/03/2013 -- ANNUAL REPORT	View image in PDF format
04/28/2012 -- ANNUAL REPORT	View image in PDF format
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