2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State
01-18-2000 90065 048 ****61.25

DOCUMENT # 709581

1. Entity Name

BRATT-DAVISVILLE WATER SYSTEM, INC.

Principal Place of Business	Mailing Address
11100 HWY 97 MC DAVID FL 32568 US	P.O. DRAWER 770 ATMORE AL 36504-0770 US

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 63-0596247 ☐ 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
JOHNSON, HERMAN 2950 PURDUE RD MCDAVID 32568	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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Add
NAME	JOHNSON, HERMAN		NAME	
STREET ADDRESS	2950 PURDUE RD		STREET ADDRESS	
CITY-ST-ZIP	MCDAVID FL		CITY-ST-ZIP	
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Add
NAME	VANPELT, JAMES		NAME	
STREET ADDRESS	9410 HWY 97		STREET ADDRESS	
CITY-ST-ZIP	CEMTURY FL		CITY-ST-ZIP	
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Add
NAME	RYLAND, BEVERLY		NAME	
STREET ADDRESS	5650 PINE FOREST RD		STREET ADDRESS	
CITY-ST-ZIP	WALNUT HILL FL		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add
NAME	ROLEY, JIMMY		NAME	
STREET ADDRESS	5810 N. HWY 99		STREET ADDRESS	
CITY-ST-ZIP	CENTURY FL		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add
NAME	AMERSON, LINDA		NAME	
STREET ADDRESS	3250 W. HWY 4		STREET ADDRESS	
CITY-ST-ZIP	CENTURY FL 32535		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add
NAME	HESTER, JEFFREY		NAME	
STREET ADDRESS	4301 HWY 99		STREET ADDRESS	
CITY-ST-ZIP	CENTURY FL		CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beverly Ryland (BEVERLY RYLAND) Sec./Treas 1/12/2000 850-327-6775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #