

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 674437**

1. Entity Name

**THE NATURAL SPRING WATERS CORPORATION****FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90152 007 \*\*\*150.00

Principal Place of Business	Mailing Address
P.O. BOX 430964 SOUTH MIAMI FL 33243	P.O. BOX 430964 SOUTH MIAMI FL 33243-0964

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	59-2012010	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FREEMAN, PAUL H 1840 W. 49 STREET SUITE 700 HIALEAH FL 33012	Name AVERY A. UGENT Street Address (P.O. Box Number is Not Acceptable) 600 ARVIDA PARKWAY City CORAL GABLES FL Zip Code 33156

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	<i>Avery A. Ugent</i>	AVERY A. UGENT, PRESIDENT	04-11-00
	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																								
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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:	<i>Avery A. Ugent</i>	AVERY A. UGENT	04-11-00	(305) 665-3868
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #