

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

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**



DO NOT WRITE IN THIS SPACE

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:
FEES ARE \$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

TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSON, HERMAN	
STREET ADDRESS	2950 PURDUE RD	
CITY-ST-ZIP	MCDavid FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	VANPELT, JAMES	
STREET ADDRESS	9410 HWY 97	
CITY-ST-ZIP	CENTURY-FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RYLAND, BEVERLY	
STREET ADDRESS	5650 PINE FOREST RD	
CITY-ST-ZIP	WALNUT HILL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROLEY, JIMMY	
STREET ADDRESS	5810 N. HWY 99	
CITY-ST-ZIP	CENTURY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMERSON, LINDA	
STREET ADDRESS	3250 W. HWY 4	
CITY-ST-ZIP	CENTURY FL 32535	
TITLE	D	<input type="checkbox"/> Delete
NAME	HESTER, JEFFREY	
STREET ADDRESS	4301 HWY 99	
CITY-ST-ZIP	CENTURY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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. / 2nd 1/2/2000 850-327-6778
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #