

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709581

1. Entity Name

BRATT-DAVISVILLE WATER SYSTEM, INC.

Principal Place of Business

11100 HWY 97
MC DAVID FL 32568
US

Mailing Address

P.O. DRAWER 770
ATMORE AL 36504
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

JOHNSON, HERMAN
2950 PURDUE RD
MC DAVID FL 32568

7. Name and Address of New Registered Agent

Name

BEVERLY RYLAND

Street Address (P.O. Box Number is Not Acceptable)

5650 PINE FOREST RD

City

WALNUT HILL

FL

Zip Code

32568

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, HERMAN	
STREET ADDRESS	2950 PURDUE RD	
CITY-ST-ZIP	MCDavid FL	
TITLE	V	<input checked="" 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 checked="" 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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES DAN PELT	
STREET ADDRESS	9410 HWY 97	
CITY-ST-ZIP	CENTURY FL 32535	
TITLE	V. PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA AMERSON	
STREET ADDRESS	3250 W. HWY 4	
CITY-ST-ZIP	CENTURY FL 32535	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNNIE JOHNSON	
STREET ADDRESS	2950 PURDUE RD	
CITY-ST-ZIP	MCDavid FL 32568	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

1/8/01

850-327-6778

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90062 012 ****61.25

602289



DO NOT WRITE IN THIS SPACE

4. FEI Number 63-0596247

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CRZE037 (10/00)

008884