

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90126 008 ***150.00

DOCUMENT # F94831

1. Entity Name
INDIAN SPRINGS WATER COMPANY, INC.

Principal Place of Business 4600 ASHRON ROAD SARASOTA FL 34233 FL	Mailing Address 4600 ASHRON ROAD SARASOTA FL 34233 FL
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2259351	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**COOK, JOHN F., ESQ.
 330 S ORANGE AVE
 SARASOTA FL 34236**

7. Name and Address of New Registered Agent

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 _____ (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	
TITLE D Delete <input type="checkbox"/>	NAME COOK, ROGER W STREET ADDRESS 4119 WYATT CIRCLE CITY-ST-ZIP SARASOTA FL
TITLE D Delete <input type="checkbox"/>	NAME COOK, IRMA A STREET ADDRESS 4119 WYATT CIRCLE CITY-ST-ZIP SARASOTA FL
TITLE VP Delete <input type="checkbox"/>	NAME COOK, KAREN L STREET ADDRESS 4119 WYATT CIRCLE CITY-ST-ZIP SARASOTA FL 34241
TITLE V Delete <input type="checkbox"/>	NAME COOK, KEVIN P STREET ADDRESS 4119 WYATT CIRCLE CITY-ST-ZIP SARASOTA FL
TITLE P Delete <input type="checkbox"/>	NAME COOK, JOHN F STREET ADDRESS 330 S ORANGE AVE CITY-ST-ZIP SARASOTA FL 34236
TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>

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, and all other like empowered.

SIGNATURE: **JOHN F. COOK, PRESIDENT** 3-3-00 952-1070
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)