

'2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015956

1. Entity Name

FLORIDA-GEORGIA WATER, LLC

Principal Place of Business

Mailing Address

944 W. BREVARD ST.
TALLAHASSEE, FL
32304

944 W. BREVARD ST.
TALLAHASSEE, FL
32304

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

59-3691391

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 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

JOHN MAX ULLRICH
944 W. BREVARD ST.
TALLAHASSEE, FL
32304

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE: PRESIDENT
NAME: TODD LOGUE
STREET ADDRESS: 944 W. BREVARD ST.
CITY-ST-ZIP: TALLAHASSEE, FL 32304 ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: VICE PRESIDENT
NAME: JOHN MAX ULLRICH
STREET ADDRESS: 944 W. BREVARD ST.
CITY-ST-ZIP: TALLAHASSEE, FL 32304 ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: SECRETARY
NAME: KEVIN HOLTZ
STREET ADDRESS: 944 W. BREVARD ST.
CITY-ST-ZIP: TALLAHASSEE, FL 32304 ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Todd A Logue

TODD LOGUE

4/30/01

850-222-5997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #