2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L94000000300

1. Entity Name
BLUE RIDGE SPRING WATER, L.C.

FILED
00 APR 12 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
500 NORTH WESTSHORE BOULEVARD. #445 TAMPA FL 33609	500 NORTH WESTSHORE BOULEVARD. #445 TAMPA FL 33609-5003

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
101 E Kennedy Blvd.	101 E. Kennedy Blvd.
Suite, Apt. #, etc.: Suite 1270	Suite, Apt. #, etc.: Suite 1270
City & State: TAMPA FL.	City & State: TAMPA FL
Zip: 33602 Country: Hillsborough	Zip: 33602 Country: Hillsborough

4. FEI Number 59-3252769 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HENDERSON, DEAN R
500 N. WESTSHORE BLVD., #445
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 101 E. Kennedy Blvd Suite 1270
City TAMPA FL Zip Code 33602

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] 4-7-2000
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR HENDERSON, DEAN R 500 NORTH WESTSHORE BOULEVARD, #445 TAMPA FL 33609 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. 101 E. Kennedy Blvd. Suite 1270 TAMPA FL. 33602 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400003217944--8 -04/21/00--01012--022 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/99)

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: [signature] Pres 4-7-2000 (813) 204-9290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #