2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: WWW. MUNICIPAL OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2001	1 UNI	FORM BUS	INESS REPC	RT	(UBF	?)		APPROVI AND	<u>.</u> i,		
DOCUMENT # L9400000300							- ,	FILED			
BLUE RIDGE SPRING WATER, L.C.							01	APR 27 Ph	1 3: 49		
		,					SEI	CRETARY OF	STATE		
Principal Place of Business Mailing Address							TALI	CAHASSEE,	FLORIDA	. •	
101 E. KENN		KENNEDY BLVD. STE 1270						•			
TAMPA FL 3:	36 0 2		TAMPA FL 33602					. (Bandil 4)#)## ###	46 111 5 5111 5 5111 6 51	N 4401 PRISE (MI	8610 EEO (22 1
Principal Place of Business Mailing Address							')i Bairi Edinê listi	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NO	WRITE IN THIS	SPACE .	
City & State			City & State			4	. FEI Nu	umber 50-225	2760		plied For
Zip Country			Zip	ry	59-3252769 Not Applica 5. Certificate of Status Desired \$5.00 Additional						
· 	S None	and Address of Current	Pogletored Agent	<u> </u>		Certificate of Status Desired Fee Required Registered Agent					
	o. Name	and Address of Current	nagisterau Agent		Name -					-34	<u>.</u>
HENDERSON, DEAN R				Street A			. Box Nu	ımber is Not Acce	ptable)		
101 E. KENNEDY BLVD., STE 1270 TAMPA FL 33602			•					<u></u>			
TANFATE WOOL				-	City	ty FL Zip Code					
8. The above	named entit	y submits this statement for	the purpose of changing its	registere	d office or r	registered a	agent, o	r both, in the State	of Florida.		
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT	E: Registered	Agent signatur	re required whe	n reinstating	g)	DATE		
			FILE N Make Check P:	1 %	EE IS \$5 Departm		tate				
		MANAGING MEMBE	EDG (MEMBERS	<u> </u>	11			ADDIT	IONS/CHANGE	S	
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CITY-ST-ZIP				CITY-	ST-ZIP			7101/11 71 11 7			form stire
11. I hereby of indicated limited lia	certify that the on this repo- bility compar	e information supplied with t is true and accurate and by or the redeiver or trustee	this filing does not qualify for that my signature shall have empowered to execute this	r the exer the same report as	nption state legal effect required by	ed in Section of as if made of Chapter 6	on 119.0 e under 608, Flor	i/(3)(i), Florida Sta oath; that I am a i rida Statutes.	iutes. I turther c managing mem	ertify that the in ber or manage	i of the /