

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001376

1. Entity Name

NATURAL WATER, L.C.

Principal Place of Business

1050 N. BEACH ST.  
HOLLY HILL FL 32117

Mailing Address

P.O. BOX 4174  
ORMOND BEACH FL 32175

2. Principal Place of Business

SAME

3. Mailing Address

P. O. BOX 250674

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
HOLLY HILL, FL

Zip

Country

Zip

Country

32125

USA

4. FEI Number

59-3486974

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NEUBAUER, DAVID F  
487 JOHN ANDERSON DR.  
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

Name DANN, STEPHEN R.

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

312 S. BRIGHTON DR.

City PORT ORANGE

FL

Zip Code 32127

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.

STEPHEN DANN, MANAGING PARTNER

(NOTE: Registered Agent signature required when reinstating)

07/07/00

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

300003335533--7

-07/25/00--01079--010

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM  
STREET ADDRESS NEUBAUER FAMILY LIMITED PARTNERSHIP  
CITY-ST-ZIP 487 JOHN ANDERSON DRIVE  
ORMOND BEACH FL 32176 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM ☒ Change ☐ Addition  
STREET ADDRESS WATERLIFE TRUST  
CITY-ST-ZIP 312 S. BRIGHTON DR.  
PORT ORANGE, FL. 32127

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

TITLE NAME ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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 REQUIRED

STEPHEN DANN, MNG. PART. 07/07/00 904-239-7620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

APPROVED  
AND  
FILED

00 JUL 21 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE