

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005537

1. Entity Name

BLUE MOON BOTTLED WATER L.L.C.

FILED

00 JAN 25 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4429 PRODUCTION CT.
TALLAHASSEE FL 32310

Mailing Address

4429 PRODUCTION CT.
TALLAHASSEE FL 32310-8728

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3611981

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCMURRY, CHARLES A
115 N. FRANKLIN BLVD.
TALLAHASSEE FL 32301

Name

VICTOR BRUNELL

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

4429 PRODUCTION COURT

TALLAHASSEE

City

FL

Zip Code

32310

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]

VICTOR BRUNELL PRESIDENT 1-17-00

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
MGRM
DAMRON, RICK
4429 PRODUCTION CT.
TALLAHASSEE FL 32310 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
BRUNEL, VICTOR
4429 PRODUCTION CT.
TALLAHASSEE FL 32310 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
200003112202--9
-01/27/00--01009--024
*****50.00 *****50.00
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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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:

[Signature]
SIGNATURE REQUIRED

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

1-17-00
Date

576-9762
Daytime Phone #