## **2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P92000008580 1. Entity Name BRIGHTWATER ACTIVITIES, INC. Principal Place of Business Mailing Address 879 SHORE ROAD P.O. BOX 625 NOKOMIS FL 34275 LAUREL FL 34272 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country Zip 6. Name and Address of Current Registered Agent

HARRISON, RICHARD L

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

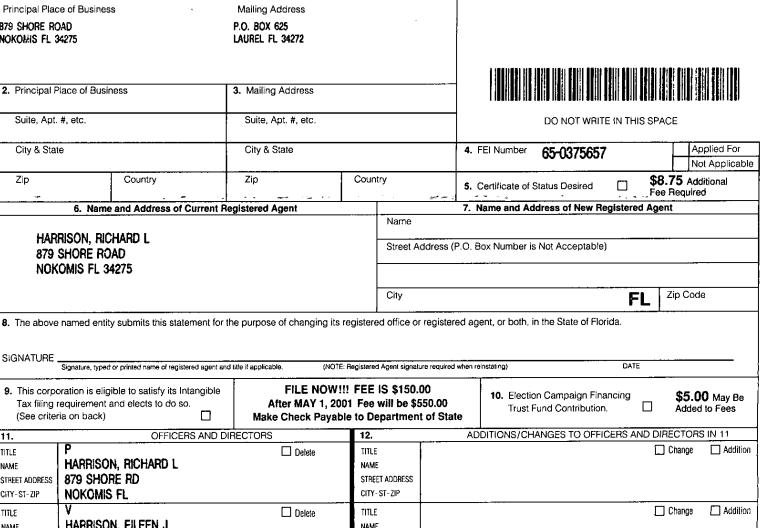
Signature, typed or printed name of registered agent and title if applicable.

879 SHORE ROAD NOKOMIS FL 34275

SIGNATURE

## **FILED** May 02, 2001 8:00 am Secretary of State

05-02-2001 90064 026 \*\*\*150.00



11.	OFFICERS AND DIR	RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRISON, RICHARD L 879 SHORE RD NOKOMIS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Harrison, Eileen J 879 Shore RD Nokomis Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	The grant community of the second	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Name

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 941-48