

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017967

1. Entity Name

MIRAMAR WATER, INC.

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90074 020 \*\*\*550.00

Principal Place of Business

357 DEFUNIAK ST  
SANTA ROSA BEACH FL 32459  
US

Mailing Address

P O BOX 5559  
DESTIN FL 32540  
US

2. Principal Place of Business

279 GRAYTON TRAIL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
GRAYTON BCH. FLA.

City & State

4. FEI Number 59-3323040

Applied For

Not Applicable

Zip  
32459

Country  
WALTON

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLUE, F L JR  
357 DEFUNIAK ST  
SUITE 120  
SANTA ROSA BEACH FL 32459

Name  
BLUE, F L JR

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

City GRAYTON BCH. FL Zip Code 32459

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME BLUE, F L JR  
STREET ADDRESS 357 DEFUNIAK ST  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE D ☒ Change ☐ Addition  
NAME BLUE, F L JR.  
STREET ADDRESS 279 GRAYTON TRAIL  
CITY-ST-ZIP GRAYTON BCH. FLA. 32459

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)