

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 709581**

1. Entity Name

**BRATT-DAVISVILLE WATER SYSTEM, INC.**

Principal Place of Business

Mailing Address

11100 HWY 97  
MC DAVID FL 32568  
USP.O. DRAWER 770  
ATMORE AL 36504-0770  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**63-0596247**Applied For  
Not Applicable5. 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

Name

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

City

**FL**

Zip Code

**JOHNSON, HERMAN  
2950 PURDUE RD  
MCDAVID 32568**

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

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ DeleteNAME **P**  
JOHNSON, HERMAN  
STREET ADDRESS **2950 PURDUE RD**  
CITY-ST-ZIP **MCDAVID FL**TITLE ☐ DeleteNAME **V**  
VANPELT, JAMES  
STREET ADDRESS **9410 HWY 97**  
CITY-ST-ZIP **CENTURY-FL**TITLE ☐ DeleteNAME **ST**  
RYLAND, BEVERLY  
STREET ADDRESS **5650 PINE FOREST RD**  
CITY-ST-ZIP **WALNUT HILL FL**TITLE ☐ DeleteNAME **D**  
ROLEY, JIMMY  
STREET ADDRESS **5810 N. HWY 99**  
CITY-ST-ZIP **CENTURY FL**TITLE ☐ DeleteNAME **D**  
AMERSON, LINDA  
STREET ADDRESS **3250 W. HWY 4**  
CITY-ST-ZIP **CENTURY FL 32535**TITLE ☐ DeleteNAME **D**  
HESTER, JEFFREY  
STREET ADDRESS **4301 HWY 99**  
CITY-ST-ZIP **CENTURY FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ DeleteNAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beverly Ryland (Beverly Ryland) Sec. / 2nd 1/2/2000 850-327-6778  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #