

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 809762**

1. Entity Name

DARBY AUTOMOTIVE, INC. ✓

Principal Place of Business

5170 S. TAMiami TRAIL
P.O. BOX 21479
SARASOTA FL 34230

Mailing Address

5170 S. TAMiami TRAIL
P.O. BOX 21479
SARASOTA FL 34230

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0715229

Applied For

Not Applicable

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

DARBY, C. CONRAD III
3616 BENEVA OAKS BV
SARASOTA FL 34238

Name

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

City

FL

Zip Code

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 State10. 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 DT. ☐ Delete
NAME SHORE, SANDRA M
STREET ADDRESS 10234 289TH ST EAST
CITY-ST-ZIP MYAKKA CITY FL 34251TITLE ☒ Change ☐ Addition
NAME **DELMORO, SANDRA M**
STREET ADDRESS
CITY-ST-ZIPTITLE PD ☐ Delete
NAME FROST, SCOTT F
STREET ADDRESS 908 BECKLEY DR
CITY-ST-ZIP VENICE FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DC ☐ Delete
NAME DARBY, C. CONRAD III
STREET ADDRESS 3616 BENEVA OAKS BLVD.
CITY-ST-ZIP SARASOTA FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME DARBY, MARGARET C.
STREET ADDRESS 831 FREELING DR.
CITY-ST-ZIP SARASOTA FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DS ☐ Delete
NAME WELLS, ROBIN J
STREET ADDRESS 2380 BROWNING ST.
CITY-ST-ZIP SARASOTA FL 34237TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-00 (941) 922-1531
Date Daytime Phone #

CR21.014 (5/00)