

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G19445

1. Entity Name

CARIBBEAN WATER SPORTS, INC.

**FILED**  
Feb 29, 2000 8:00 am  
**Secretary of State**

02-29-2000 90208 001 \*\*\*635.00

Principal Place of Business

Mailing Address

MM 97 OVERSEAS HWY  
BEACH  
KEY LARGO FL 33037  
US

P.O. BOX 781  
36 SUNSET RD  
KEY LARGO FL 33037-2008  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2321611

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCULLOUGH, DARRELL  
36 SUNSET ROAD  
KEY LARGO FL 33037

Name CYLLEN, RUSSEL H ESQ  
Street Address 99 228 OVERSEAS HWY  
City KEY LARGO FL 33037

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

Russell H Cullen  
Signature, typed or printed name of registered agent and title if applicable

Russell H. Cullen, Esq. 2-24-00  
(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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 ☐ Delete  
NAME PDS  
STREET ADDRESS MCCULLOUGH, DARRELL  
CITY-ST-ZIP 36 SUNSET RD  
KEY LARGO FL

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

TITLE ☐ Delete  
NAME V  
STREET ADDRESS MCCULLOUGH, JEAN  
CITY-ST-ZIP 36 SUNSET RD  
KEY LARGO FL

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  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Darrell McCullough Pres.

2/24/00

305 852-5160

CR2E034 (9/99)