

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K20495

1. Entity Name

INDEX CAPITAL, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90021 043 \*\*\*150.00

Principal Place of Business

~~10222 MAREMOUNT COURT  
RICHMOND VA 23222~~

Mailing Address

~~10222 MAREMOUNT COURT  
RICHMOND VA 23222~~

2. Principal Place of Business

1730 S. Federal Hwy.

3. Mailing Address

1730 S. Federal Hwy.

Suite, Apt. #, etc.

#322

Suite, Apt. #, etc.

#322

City & State

Delray Beach, FL

City & State

Delray Beach, FL

4. FEI Number

59-2990554

Applied For

Not Applicable

Zip

33483

Country

Zip

33483

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

GREENE, RICHARD P. P.A.  
2455 E. SUNRISE BLVD., SUITE 905  
FT. LAUDERDALE FL 33304

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 \$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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DOROW, W.A., JR.  
10222 MAREMOUNT COURT  
RICHMOND VA ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D.  
Dorow, W.A., Jr.  
1730 S. Federal Hwy. #322  
Delray Beach, FL 33483 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Delete

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

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

W.A. Dorow, Jr. 4/14/00 (561)272-9090

Date

Daytime Phone #

CR2E034 (9/99)