

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000925

1. Entity Name

CONCH COALITION, INC.

Principal Place of Business

P.O. BOX 501785
MARATHON FL 33050-1785

Mailing Address

P.O. BOX 501785
MARATHON FL 33050-1785

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

WELLS, MICHELE
3880 GOLFVIEW AVE
MARATHON FL

7. Name and Address of New Registered Agent

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

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	P	<input type="checkbox"/> Delete
NAME	YEIDER, DAN	
STREET ADDRESS	617 51ST ST GULF	
CITY-ST-ZIP	MARATHON FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHAPLIN, BETTEYE	
STREET ADDRESS	5190 OVERSEAS HWY	
CITY-ST-ZIP	MARATHON FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	USHER, MICHELE	
STREET ADDRESS	P.O. BOX 1094 N/A	
CITY-ST-ZIP	MARATHON FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	DAMON, BARBARA	
STREET ADDRESS	32723 TORTUGA LANE	
CITY-ST-ZIP	NO NAME KEY FL 33043	
TITLE	D	<input type="checkbox"/> Delete
NAME	FEDDERN, GAIL	
STREET ADDRESS	156 DOVE LN	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	D	<input type="checkbox"/> Delete
NAME	OVERBECH, HAL	
STREET ADDRESS	RANGER AVE	
CITY-ST-ZIP	BIG PINE KEY FL 33043	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

Betteye Chaplin (Chaplin) 29/2001 305-743-7424

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90182 035 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0402651

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)