

# 2000 UNIFORM BUSINESS REPORT (UBR)

6.

**FILED**

**Jul 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90045 032 \*\*\*150.00

**DOCUMENT # P99000066250**

1. Entity Name

**CAPTAIN CONCH, INC.**

*R*

Principal Place of Business

Mailing Address

25920 S.W. 125TH PLACE  
HOMESTEAD FL 33032

25920 S.W. 125TH PLACE  
HOMESTEAD FL 33032-7080

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

65-0934057

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DARLING, RANDALL K**  
25920 S.W. 125TH PLACE  
HOMESTEAD FL 33032

**DARLING, RANDALL K.**

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

25920) SW125 Place

City: Homestead

**FL**

Zip Code  
33032

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

*Randall Darling*

**Randall Darling Chairman, President**

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 PD ☐ Delete  
NAME **DARLING, RANDALL K**  
STREET ADDRESS **25920 S.W. 125TH PLACE**  
CITY-ST-ZIP **HOMESTEAD FL 33032**

TITLE CPD ☒ Change ☐ Addition  
NAME **DARLING, RANDALL K.**  
STREET ADDRESS **25920 SW 125th Place**  
CITY-ST-ZIP **Homestead, FL 33032**

TITLE SD ☐ Delete  
NAME **DARLING, LOUISE W**  
STREET ADDRESS **25920 S.W. 125TH PLACE**  
CITY-ST-ZIP **HOMESTEAD FL 33032**

TITLE V ☒ Change ☐ Addition  
NAME **ALEXANDER, EDWARD, JR.**  
STREET ADDRESS **15841 SW 102 Court**  
CITY-ST-ZIP **Miami, FL 33157**

TITLE TD ☐ Delete  
NAME **MATHEWS, EMILY**  
STREET ADDRESS **25920 S.W. 125TH PLACE**  
CITY-ST-ZIP **HOMESTEAD FL 33032**

TITLE T ☒ Change ☐ Addition  
NAME **DARLING, LOUISE W.**  
STREET ADDRESS **25920 SW 125th Place**  
CITY-ST-ZIP **Homestead, FL 33032**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☒ Change ☐ Addition  
NAME **ALEXANDER, DELORIS**  
STREET ADDRESS **15841 SW 102 Court**  
CITY-ST-ZIP **Miami, FL 33153**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MD ☒ Change ☐ Addition  
NAME **JACKSON, GENEVA**  
STREET ADDRESS **10431 SW 165th Street**  
CITY-ST-ZIP **Miami, FL 33153**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition  
NAME **MATHEWS, EMILY**  
STREET ADDRESS **25920 SW 125th Place**  
CITY-ST-ZIP **Homestead, FL 33032**

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:**

*Randall Darling*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Randall Darling 5/25/00 (305)258-7517**

Date

Daytime Phone #

CR2034 (9/99)