6

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 481577

1. Entity Name
BAP OF OSPREY, INC.

FILED
Jul 13, 2000 8:00 am
Secretary of State
06-09-2000 90040 009 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
619 NO TAMIAMI TRAIL NOKOMIS, FL 34275	~~153 DESERT FALLS DR E. PALM DESERT, CA 92211~~

2. Principal Place of Business	3. Mailing Address
619 N. TRAIL	3881 BACK BAY DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NOKOMIS FL	City & State: JUPITER FL
Zip: 34275 Country:	Zip: 33477 Country:

4. FEI Number: 59-1679608 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~BRIAN A. PORCELLI~~
~~153 DESERT FALLS DR. E~~
~~PALM DESERT, CA 92211~~

7. Name and Address of New Registered Agent

Name: BRIAN A. PORCELLI
Street Address (P.O. Box Number Is Not Acceptable): 3881 BACK BAY DR
City: JUPITER FL Zip Code: 33477

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: Brian A. Porcelli — 6/30/00
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	PDST PORCELLI BRIAN, A 153 DESERT FALLS DR E PALM DESERT, CA 92211 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDST PORCELLI BRIAN A 3881 BACK BAY DR JUPITER FL 33477 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: Brian A. Porcelli — 5/29/00 — 760-776-5973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #