

2000 UNIFORM BUSINESS REPORT (UBR)

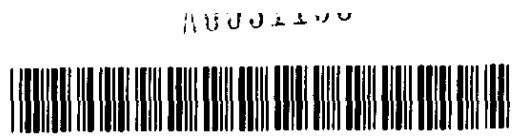
FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90006 016 ***150.00

DOCUMENT # P98000050405

1. Entity Name
OSPREY PLACE AT DUNEDIN, INC.

Principal Place of Business Mailing Address
 % CHARLES A. COURTER % CHARLES A. COURTER
 8639 N. HIMES AVE. #2817 8639 N. HIMES AVE. #2817
 TAMPA FL 33614 TAMPA FL 33614-1664



2. Principal Place of Business 3. Mailing Address
2980 SWAN CIRCLE 1314 TAMPA RD
 Suite, Apt. #, etc. Suite, Apt. #, etc.
106

City & State City & State
DUNEDIN FL PALM HARBOR FL

Zip Country Zip Country
34698 USA 34683 USA

4. FEI Number **59-3517385** Applied For
 Not Applicable

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

COURTER, CHARLES A
8639 N. HIMES AVE. #2817
TAMPA FL 33614

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 **RODNEY M. COCUZZA PRES.** **3/10/00**
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.

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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YEAGER, STEPHEN M		NAME		
STREET ADDRESS	106 RITTSWOOD DR.		STREET ADDRESS		
CITY-ST-ZIP	BUTLER PA 16001		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCUZZA, RODNEY M		NAME		
STREET ADDRESS	17 PHILIPS MILL DR.		STREET ADDRESS		
CITY-ST-ZIP	MIDDLETOWN NJ 07748		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **RODNEY M. COCUZZA** **3/10/00** **732-492-1900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)