

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 850182

1. Entity Name

THE OSPREY RESEARCH INSTITUTE, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90138 006 ****61.25

Principal Place of Business

Mailing Address

5161 ILE DE FRANCE DR
TALLAHASSEE FL 32304
US

5161 ILE DE FRANCE DR
TALLAHASSEE FL 32308-5821
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

56-1173268

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

GRIZZLE, GLORIA A.
5161 ILE DE FRANCE DR
TALLAHASSEE FL 32308

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 | TPD | <input type="checkbox"/> Delete |
| NAME | GRIZZLE, GLORIA A | |
| STREET ADDRESS | 5161 ILE DE FRANCE DR | |
| CITY-ST-ZIP | TALLAHASSEE FL | |
| TITLE | VSD | <input type="checkbox"/> Delete |
| NAME | STANFORD, KAREN A. | |
| STREET ADDRESS | 3861 WINDERMERE RD | |
| CITY-ST-ZIP | TALLAHASSEE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | POWER, GWEN | |
| STREET ADDRESS | 3011 LINDENWOOD DR. | |
| CITY-ST-ZIP | COLUMBIA SC | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 |
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| 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: SIGNATURE OF GLORIA A. GRIZZLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2000 950-878-3803

Date

Daytime Phone #

CR2E037 (9/99)