

2002 UNIFORM BUSINESS REPORT (UBR)

0018442

DOCUMENT # M01000002197

1. Entity Name

OSS/BG, LLC

FILED

02 MAY -1 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2202 N. WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607

Mailing Address

2202 N. WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607

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

59-3746585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 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

KADOW, JOSEPH J
2202 N. WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

600005537766--1
-05/15/02--01055--009
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME SULLIVAN, CHRIS T
STREET ADDRESS 2202 N. WESTSHORE BLVD., 5TH FLOOR
CITY-ST-ZIP TAMPA FL 33607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR
NAME BASHAM, ROBERT D
STREET ADDRESS 2202 N. WESTSHORE BLVD., 5TH FLOOR
CITY-ST-ZIP TAMPA FL 33607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR
NAME COOPER, JOHN W
STREET ADDRESS 2202 N. WESTSHORE BLVD., 5TH FLOOR
CITY-ST-ZIP TAMPA FL 33607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR
NAME CURCI, TIMOTHY V
STREET ADDRESS 2946 HADLEIGH
CITY-ST-ZIP CLEARWATER FL 34621 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR
NAME PARKER, CHRISTOPHER L
STREET ADDRESS 184 97TH AVENUE, N.E.
CITY-ST-ZIP ST. PETERSBURG FL 33702 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

4-23-02 (813) 282-1225

CR2E083 (9/01)