

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-14-2002 90208 010 ****61.25

DOCUMENT # N01000005304

1. Entity Name

OSPREY OF THE PALM BEACHES, INC.

Principal Place of Business 6266 SOUTH CONGRESS AVENUE, SUITE L5 LANTANTA FL 33462	Mailing Address 6266 SOUTH CONGRESS AVENUE, SUITE L5 LANTANTA FL 33462
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number Applied for		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		7. Name and Address of New Registered Agent			
Zip	Country	Zip	Country	Name B.V. JAY LEE, C.O.O.			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SKRIVAN, KENT A C/O BUTZEL LONG 801 LAUREL OAK DRIVE, SUITE 705 NAPLES FL 34109				Change Street Address (P.O. Box Number is Not Acceptable) OSPREY OF THE PALM BEACHES 6266 S. CONGRESS AVE. # L5 City LANTANA FL 33462			

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 **B.V. JAY LEE, C.O.O.** *[Signature]* DATE **4-26-02**

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ALLEN, TERRY 1041 45TH STREET WEST PALM BEACH FL 33407	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LINDA DE PIANO 1041 45TH ST. WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D SPEICHER, JOSEPH 16158 SOUTH MILITARY TRAIL DELRAY BEACH FL 33430	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition C.D.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D CRITTEN, ROBERT D JR. 5811 DIXIE BELL ROAD PALM BEACH GARDENS FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D KASEMAN, ADELE 5420 VIBURNUM CIRCLE DELRAY BEACH FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 Section 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]* DATE: **6/19/02** DAYTIME PHONE: **561-383-8000**

CR2037 (9/01)