

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90141 019 \*\*\*150.00

**DOCUMENT # P01000098212**

1. Entity Name  
**OSPREY ADVENTURES CORPORATION**

Principal Place of Business  
**2 FOXTAIL ROAD**  
**AMELIA ISLAND FL 32034**

Mailing Address  
**2 FOXTAIL ROAD**  
**AMELIA ISLAND FL 32034**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3750518**

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

**CROWLEY, JACKS**  
**2 FOXTAIL ROAD**  
**AMELIA ISLAND FL 32034**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **CEO** ☐ Delete  
 NAME **CROWLEY, JACK**  
 STREET ADDRESS **2 FOXTAIL ROAD**  
 CITY-ST-ZIP **AMELIA ISLAND FL 32034**

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

TITLE **P** ☐ Delete  
 NAME **CROWLEY, CATHLEEN**  
 STREET ADDRESS **2 FOXTAIL ROAD**  
 CITY-ST-ZIP **AMELIA ISLAND FL 32034**

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
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 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment +  
Doc# PD1000098 212/675181



**OSPREY ADVENTURES, CORPORATION**

July 13, 2002

Florida Department of State  
Division of Corporations  
UBR Filings

Dear Madame/Sir:

I recently received a document from your office (2002 UBR) stating that I owe \$550.00 to the State. I called your office and spoke with Madeline, explaining to her that I just incorporated late last year and had not received an initial request for the fee. Madeline then stated that the 550.00 fee would not apply, however I must submit the \$150.00 fee immediately with the form and this letter. Please see attached Report and \$150 Fee. If you have any questions please don't hesitate to call.

Best regards,



Jack Crowley, CEO  
Osprey Adventures Corporation

Attachments