

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90173 050 ***550.00

DOCUMENT # P01000119504

1. Entity Name

OYSTER BAY DEVELOPMENT AND MANAGEMENT, INC.

Principal Place of Business

6110 N OCEAN BLVD #39
 OCEAN RIDGE FL 33435

Mailing Address

6110 N OCEAN BLVD #39
 OCEAN RIDGE FL 33435

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

68-1159146

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'CONNELL, DAVID K
 6110 N OCEAN BLVD #39
 OCEAN RIDGE FL 33435

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	O'CONNELL, EDWARD R	
STREET ADDRESS	6110 N OCEAN BLVD #39	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE	V	<input type="checkbox"/> Delete
NAME	O'CONNELL, FORD C	
STREET ADDRESS	220 BEACON HILL	
CITY-ST-ZIP	BOSTON MA 02614	
TITLE	ST	<input type="checkbox"/> Delete
NAME	O'CONNELL, DAVID K	
STREET ADDRESS	6110 N OCEAN BLVD #39	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'Connell, Edward R.	
STREET ADDRESS	6110 N. Ocean Blvd, #39	
CITY-ST-ZIP	Ocean Ridge, Florida 33435	
TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'Connell Ford C.	
STREET ADDRESS	220 Beacon Hill	
CITY-ST-ZIP	Boston Mass 02614	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'Connell David K.	
STREET ADDRESS	6110 N. Ocean Blvd, #39	
CITY-ST-ZIP	Ocean Ridge, Florida 33435	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/2002

Date

Daytime Phone #

CR2E034 (4/02)



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

July 12, 2002

OYSTER BAY DEVELOPMENT AND MANAGEMENT, INC.
6110 N OCEAN BLVD #39
OCEAN RIDGE, FL 33435

Subject: OYSTER BAY DEVELOPMENT AND MANAGEMENT, INC.

Reference Number: P01000119504

1675351

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/LW

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314