## 2002 UNIFORM BUSINESS REPORT (UBR)

P01000119504

OYSTER BAY DEVELOPMENT AND MANAGEMENT, INC.

**DOCUMENT#** 

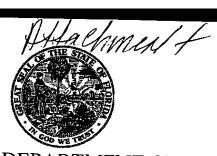
ļ		<u> </u>		,		<u> </u>			
Principal P	Place of Business	Mailing Address				<u>i</u>			
6110 N OCEAN BLVD #39 OCEAN RIDGE FL 33435		6110 N OCEAN BLYD #39 OCEAN RIDGE FL 33435							
2. Principa	at Place of Business	3. Mailing Address		<del></del>	_				
Suite, A	pt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & St	tale	City & State	City & State			, FEI Number		Applied For	
Zip	Country	Zip	Count	iry—-	_   -	Certificate of Status Desired	\$8.75	Not Applicat	
	6. Name and Address of Current R	legistered Agent	1	<u> </u>	<u>l -</u>		Fee Requ	ıired	
2:201				Name	<del></del>	Name and Address of New Registe	red Agent	<del></del>	
	NELL, DAVID K OCEAN BLVD #39		Street Address (		ess (P.O.	Box Number is Not Acceptable)			
OCEAN	RIDGE FL 33435								
			-	City	<del></del>		FL Zip Co		
8. The above the obligation of	ve named entity submits this statement for t ations of registered agent.	he purpose of changing its	registerer	d office or reg	istered aç	gent, or both, in the State of Florida. I	am familiar wit	h, and accep	
SIGNATURE	Signature, typed or printed name of registered egent and	A citie of manifestables (MAC)			<del></del>	· .	= <del></del>		
This core	poration is eligible to satisfy its intangible	<del></del>		Agent signature req	quired when n	ainstating) DA	TE		
Tax filing	poration is engible to satisfy its Intangible Prequirement and elects to do so. eria on back)	FILE NOW! After September 13 Make Check Payab	3, 2002 Fe	ee will be \$7	750.00 State	10. Election Campaign Financing Trust Fund Contribution.		.00 May Be	
11,	OFFICERS AND DI		12.			DDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DC IAI 44	
TITLE NAME	P O'CONNELL, EDWARD R	☐ Delete	TITLE	7	ce oil	and.	Change		
STREET ADDRESS CITY-ST-ZIP				ADDRESS (	1100	neu   Edward K. N. Ocean Bludy #79		<b></b>	
TITLE	V		CITY-ST	1-ZIP C	<u> کارو مہ</u>	- Ridge, Horida	33431		
NAME	O'CONNELL, FORD C	<b>∟                                    </b>	NAME	_		Ancidato	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	220 BEACON HILL		STREET	ADDRESS	ا ٥٠٠	Beacon Itill			
TITLE	BOSTON MA 02614		CITY-ST	-ZIP /	<del>, , , , , , , , , , , , , , , , , , , </del>	m 12ms 02679		<del></del>	
NAME	O'CONNELL, DAVID K	Delete	NAME	75		my tracycratic	- Change	- Addition	
STREET ADDRESS	6110 N OCEAN BLVD #39			ADDRESS C	) (UV m 110	new David K. N. Ocen Blod, #3.P			
CITY-ST-ZIP	OCEAN RIDGE FL 33435		CITY-ST-	-ZIP	acea	militie /=(orio	la 334	31	
title Name		☐ Detete	TITLE			<del></del>	☐ Change	Addition	
STREET ADDRESS			name Street a	AONRESS					
CITY-ST-ZIP			CITY-ST-						
TITLE VAME		☐ Delete	TITLE				☐ Change	Addition	
STREET ADDRESS			NAME Street at	-nances				<u> </u>	
CITY-ST-ZIP			STREET AL						
TILE		☐ Delete	TITLE	<del></del>			Change	FT ±4dbing	
TREET ADDRESS			NAME				LJ Ulkilys	Addition	
HICK ADDIES									
ITY-ST-ZIP		ı	STREET AD CITY-ST-2						

13. I hereby certify that the information supplied with this filling 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 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

**FILED** Jul 28, 2002 8:00 am Secretary of State 07-28-2002 90173 050 \*\*\*550.00





## 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 (07535)

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> 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