FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2004 8:00 am
Secretary of State
03-25-2004 90045 040 ***150.00
09-09-2004 90004 047 ***400.00

DOCUMENT # P02000049582

1. Entity Name
Osprey Realty of Central Florida, Inc.

DO NOT WRITE IN THIS SPACE

[redacted]
54072054

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11548 Osprey Pointe Blvd.	11548 Osprey Pointe Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clermont, FL 34711	City & State: Clermont FL
Zip: 34711 / Country:	Zip: 34711 / Country:

4. FEI Number 20-1559085 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	Pres.	TITLE	
NAME	Guy Bouchard	NAME	
STREET ADDRESS	11210 Crescent Bay Blvd.	STREET ADDRESS	
CITY-ST-ZIP	Clermont, FL 34711	CITY-ST-ZIP	
TITLE	V. Pres.	TITLE	
NAME	Allen Keller	NAME	
STREET ADDRESS	11716 Osprey Pointe Blvd.	STREET ADDRESS	
CITY-ST-ZIP	Clermont, FL 34711	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP		CITY-ST-ZIP	IN THIS SPACE
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04 Date

352-394-2022 Daytime Phone #