

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000062185

1. Entity Name  
OSPREY REAL ESTATE INVESTORS, INC.

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90018 049 \*\*\*150.00

Principal Place of Business

143 NORTH LANE  
OSPREY FL 34229  
US

Mailing Address

143 NORTH LANE  
OSPREY FL 34229-9486  
US

2. Principal Place of Business

887 MAC EWEN DR  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 550  
Suite, Apt. #, etc.

City & State  
OSPREY, FL

Zip  
34229

Country  
USA

City & State  
OSPREY, FL

Zip  
34229

Country  
USA

4. FEI Number  
65-0484567

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ROBENALT, JOHN F  
143 NORTH LANE  
OSPREY FL 34229

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.

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	D	<input type="checkbox"/> Delete
NAME	ROBENALT, VANCENE F	
STREET ADDRESS	143 NORTH LANE	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROBENALT, JOHN F	
STREET ADDRESS	143 NORTH LANE	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE	PS	<input checked="" type="checkbox"/> Delete
NAME	THOMAS B. LUZIER	
STREET ADDRESS	143 NORTH LANE	
CITY-ST-ZIP	OSPREY FL 34229	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	887 MAC EWEN DR	
STREET ADDRESS	OSPREY, FL 34229	
CITY-ST-ZIP		
TITLE	PRESIDENT & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN F. ROBENALT	
STREET ADDRESS	887 MAC EWEN DRIVE	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE		<input checked="" 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		
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

Date

Daytime Phone #

CR2E034 (9/99)