

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
 05-10-2002 90024 035 ***150.00

NOTES
 AV

DOCUMENT # P94000022852

1. Entity Name
OSPREY VILLAS, INC.

Principal Place of Business

**6385 PRESIDENTIAL COURT STE. 108B
 FORT MYERS FL 33919**

Mailing Address

**6385 PRESIDENTIAL COURT STE. 108B
 FORT MYERS FL 33919**

849818



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5326 BAYVIEW CT

CAPE CORAL FL

Zip 33904

Country LEE

3. Mailing Address

P.O. BOX 101187

CAPE CORAL FL

Zip 33900

Country LEE

4. FEI Number

65-0496716

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STEGE, WILLIAM L ESQ.
 3350 E. ATLANTIC BLVD.
 POMPANO BEACH FL 33062**

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
SLOAN, CHARLES J
6385 PRESIDENTIAL COURT STE. 108B
FORT MYERS FL 33919

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SLOAN, PETA J
6385 PRESIDENTIAL CT SUITE 108D
FT MYERS FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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

4/20/02

Date

(239) 940-4974

Daytime Phone #

CR2E034 (9/01)