

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030982

1. Entity Name  
OSBORNE GROUP INC.

Principal Place of Business Mailing Address  
1644 SWEATWATER WEST CIRCLE 1644 SWEATWATER WEST CIRCLE  
APOPKA FL 32712 APOPKA FL 32712

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 59-3441912 Applied For Not Applicable  
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
LIND, DALE 1644 SWEATWATER WEST APOPKA FL 32712  
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 |                             |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |  |
|----------------------------|-----------------------------|---------------------------------|---|---|--|
| TITLE                      | P                           | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | LIND, DALE L                |                                 | NAME  |   |  |
| STREET ADDRESS             | 1644 SWEATWATER WEST CIRCLE |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                | APOPKA FL 32712             |                                 | CITY-ST-ZIP   |   |  |
| TITLE                      | VP                          | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | EFTA, GREGORY A             |                                 | NAME  |   |  |
| STREET ADDRESS             | 406 FOX VALLEY DRIVE        |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                | LONGWOOD FL 32779           |                                 | CITY-ST-ZIP   |   |  |
| TITLE                      |                             | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                             |                                 | NAME  |   |  |
| STREET ADDRESS             |                             |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                |                             |                                 | CITY-ST-ZIP   |   |  |
| TITLE                      |                             | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                             |                                 | NAME  |   |  |
| STREET ADDRESS             |                             |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                |                             |                                 | CITY-ST-ZIP   |   |  |
| TITLE                      |                             | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                             |                                 | NAME  |   |  |
| STREET ADDRESS             |                             |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                |                             |                                 | 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]* Date: 11/3/02 352-383-2199  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Jan 07, 2002 8:00 am  
Secretary of State  
01-07-2002 90013 032 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)