

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014524

1. Entity Name

OSPREY DEVELOPMENT OF NAPLES, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90072 002 ***158.75

Principal Place of Business

6561 TAYLOR ROAD
SUITE 1
NAPLES FL 34109

Mailing Address

6561 TAYLOR ROAD
SUITE 1
NAPLES FL 34109-6206

2. Principal Place of Business

6200 Shirley Street

Suite, Apt. #, etc.

Suite 201

City & State

Naples, FL

Zip

34109

Country

United States

3. Mailing Address

6200 Shirley Street

Suite, Apt. #, etc.

Suite 201

City & State

Naples, FL

Zip

34109

Country

United States



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3493647

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, BARRY F
6561 TAYLOR ROAD
SUITE 1
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name
SAME

Street Address (P.O. Box Number is Not Acceptable)

6200 Shirley St Suite 201

City

Naples

FL

Zip Code

34109

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 P
NAME JONES, BARRY F
STREET ADDRESS 51 JOHNNYCAKE DR.
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

TITLE V
NAME COPPLEY, MARIE E
STREET ADDRESS 413 RIDGE DR.
CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

TITLE ST
NAME ANDREWS, LARRY R
STREET ADDRESS 413 RIDGE DR.
CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Barry F Jones PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-00

Date

Daytime Phone #