

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050405

1. Entity Name

OSPREY PLACE AT DUNEDIN, INC.

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90006 016 ***150.00

Principal Place of Business

Mailing Address

% CHARLES A. COURTER
8639 N. HIMES AVE., #2817
TAMPA FL 33614

% CHARLES A. COURTER
8639 N. HIMES AVE., #2817
TAMPA FL 33614-1664

2. Principal Place of Business

3. Mailing Address

2980 SWAN CIRCLE

1314 TAMPA RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

106

City & State

City & State

DUNEDIN FL

PALM HARBOR FL

Zip

Country

Zip

Country

34698

USA

34683

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COURTER, CHARLES A
8639 N. HIMES AVE., #2817
TAMPA FL 33614

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.

RODNEY M. COCUZZA PRES.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEAGER, STEPHEN M 106 RITTSWOOD DR. BUTLER PA 16001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COCUZZA, RODNEY M 17 PHILIPS MILL DR. MIDDLETOWN NJ 07748	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RODNEY M. COCUZZA 3/10/00 732-492-1900

CR2E034 (9/99)