

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**  
 04-24-2002 90342 018 \*\*\*158.75

**DOCUMENT # P98000107389**

1. Entity Name  
**OSPREY COVE FLORIDA, INC.**

Principal Place of Business

~~222 LAKEVIEW AVENUE~~  
~~SUITE 800~~  
~~WEST PALM BEACH FL 33401~~  
~~US~~

Mailing Address

~~209 PHIPPS PLAZA~~  
~~PALM BEACH FL 33400~~  
~~US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**One N. Clematis St.**  
 Suite, Apt. #, etc.  
**Suite 305**  
 City & State  
**West Palm Beach, FL**  
 Zip  
**33401**  
 Country  
**USA**

3. Mailing Address

**One N. Clematis St.**  
 Suite, Apt. #, etc.  
**Suite 305**  
 City & State  
**West Palm Beach, FL**  
 Zip  
**33401**  
 Country  
**USA**

4. FEI Number  
**65-0900425**

Applied For  
 Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KOSOY, BRIAN D**  
~~209 PHIPPS PLAZA~~  
~~PALM BEACH FL 33400~~

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**One North Clematis St.**  
**Suite 305**  
 City  
**West Palm Beach FL**  
 Zip Code  
**33401**

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	PD KOSOY, BRIAN <del>209 PHIPPS PLAZA</del> <del>PALM BEACH FL 33400</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MOROSS, GREGORY S <del>209 PHIPPS PLAZA</del> <del>PALM BEACH FL 33400</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SHREEVE, DAVID J <del>209 PHIPPS PLAZA</del> <del>PALM BEACH FL 33400</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COSTELLO, VINCENT J <del>209 PHIPPS PLAZA</del> <del>PALM BEACH FL 33400</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DANIELS, ROBERT 209 PHIPPS PLAZA PALM BEACH FL 33400	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>One North Clematis St. - Ste. 305</b> <b>West Palm Beach, FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SAME AS ABOVE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SAME AS ABOVE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SAME AS ABOVE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Tom Hamilton</b> <b>One N. Clematis St. - Ste. 305</b> <b>West Palm Beach, FL 33401</b>
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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Brian D. Kosoy 4-12-02**

Date

**561-835-1810**  
 Daytime Phone #

CR2E034 (9/01)