

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90083 028 \*\*\*150.00

**DOCUMENT # P99000104203**

1. Entity Name

GHA OSPREY POINTE, INC.

Principal Place of Business

2121 GRAND HARBOR BOULEVARD  
 VERO BEACH FL 32967

Mailing Address

3755 7 TERRACE  
 VERO BEACH FL 32960

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

65-0973436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

HENN, PETER J  
 2121 GRAND HARBOR BOULEVARD  
 VERO BEACH FL 32967

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
 NAME HENN, PETER J  
 STREET ADDRESS 2121 GRAND HARBOR BOULEVARD  
 CITY-ST-ZIP VERO BEACH FL 32967 ☐ Delete

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

TITLE D  
 NAME STORETVEDT, J.P.  
 STREET ADDRESS 2121 GRAND HARBOR BLVD.  
 CITY-ST-ZIP VERO BEACH FL 32967 ☐ Delete

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

TITLE VPS  
 NAME NORTH, ANNABEL  
 STREET ADDRESS 3755 7TH TERRACE SUITE 301  
 CITY-ST-ZIP VERO BEACH FL 32960 ☐ Delete

TITLE V/S  
 NAME North, Annabel  
 STREET ADDRESS 3755 7th Terrace, Suite 301, Vero Beach FL  
 CITY-ST-ZIP 32960 ☒ Change ☐ Addition

TITLE T  
 NAME MCLAIN, MARY  
 STREET ADDRESS 3755 7TH TERRACE SUITE 301  
 CITY-ST-ZIP VERO BEACH FL 32960 ☐ Delete

TITLE V/T  
 NAME McLain, Mary  
 STREET ADDRESS 3755 7th Terrace, Suite 301, Vero Beach FL  
 CITY-ST-ZIP 32960 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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:

*PETER J. HENN, PRESIDENT*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)