

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**  
 04-22-2000 90003 036 \*\*\*150.00

**DOCUMENT # V43397**

1. Entity Name  
**LADY OSPREY BASKETBALL CAMP, INC.**

<b>Principal Place of Business</b> 1007 ST. JOHN'S BLUFF RD. S-202 JACKSONVILLE FL 32224	<b>Mailing Address</b> 2500 ST. MICHEL CT. S-202 PONTE VEDRA BEACH FL 32082-2944 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	

**1232 Salt Creek Island Dr.**  
**Ponte Vedra Beach FL**  
**32082**  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3130328	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**ORTELEE, MARY M**  
**2500 ST. MICHEL CT.**  
**S-202**  
**PONTE VEDRA BEACH FL 32082**

7. Name and Address of New Registered Agent  
 Name **Mary M. Tappmeyer**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1232 Salt Creek Island Drive**  
 City **Ponte Vedra Beach** **FL** Zip Code **32082**

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 *Mary M. Tappmeyer* DATE 4/16/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAPPMAYER, MARY M</b>		NAME	<b>Mary M. Tappmeyer</b>	
STREET ADDRESS	<b>2500 ST MICHEL CT</b>		STREET ADDRESS	<b>1232 Salt Creek Island Drive</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BCH FL</b>		CITY-ST-ZIP	<b>Ponte Vedra Beach, FL 32082</b>	
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		
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: *Mary M. Tappmeyer* DATE 4/16/00 904 620-4667  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)