

2001 UNIFORM BUSINESS REPORT (UBR)

0010706

DOCUMENT # P99000083676

1. Entity Name
COVENANT PARTNERS, INC.

FILED

01 APR 13 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1620 INDEPENDENT SQUARE JACKSONVILLE FL 32202	Mailing Address 1620 INDEPENDENT SQUARE JACKSONVILLE FL 32202
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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 59-3602386	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

**CHRITTON, J. KIRBY ESQ.
1301 RIVERPLACE BLVD., STE. 1500
JACKSONVILLE FL 32207**

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 _____ (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, 2001 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	D WHITE, GEORGE M 1620 INDEPENDENT SQUARE JACKSONVILLE FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, GEORGE M 1620 INDEPENDENT SQUARE JACKSONVILLE FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V M McNULTY, THAD L 1620 INDEPENDENT SQUARE JACKSONVILLE FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BONEY, A.B. 1620 INDEPENDENT SQUARE JACKSONVILLE FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600004082016--3 -04/26/01--01092--005 *****150.00 *****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition LS
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
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 to an address, with or without other authority empowered.

SIGNATURE: George M. White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-2001 (904) 355-7700
Date Daytime Phone #

CR2E034 (10/00)