

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004254

1. Entity Name

COVENANT ENABLING RESIDENCES OF FLORIDA, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90092 009 ****61.25

Principal Place of Business

9201 W. BROWARD BLVD.
PLANTATION FL 33324

Mailing Address

1435 WESTLAKE BLVD
PALM HARBOR FL 34683
US

00030192



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1759 W. Broadway St.

3. Mailing Address

1759 W. Broadway St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 7

Suite 7

City & State

City & State

Oviedo, FL

Oviedo, FL

4. FEI Number

59-3399402

Applied For

Not Applicable

Zip
32765

Country
USA

Zip
32765

Country
USA

5. Certificate of Status Desired ☐ ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETERSON, JACK A
1435 WESTLAKE BLVD
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name
Kurt Miericke

Street Address (P.O. Box Number is Not Acceptable)
1820 Seneca Blvd.

City
Winter Springs

FL

Zip Code
32708

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

Kurt Miericke

3-28-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETERSON, JACK A 1435 WESTLAKE BLVD PALM HARBOR FL	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CUNLIFFE, TERRI 9201 W. BROWARD BLVD PLANTATION FL	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SIBLEY, LELA 9201 W BROWARD BLVD PLANTATION FL	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD David Shaw 936 Cinnamon Ct. Altamone Springs, FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ralph Spano 649 Stonefield Loop Lake Mary, FL 32746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD James Swanson 9831 S. Grand Duke Circle Tamarac, FL 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

3/27/01 407-830-7146

Date

Daytime Phone #

CR2E037 (10/00)