

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710474

1. Entity Name

COVENANT CHURCH PROPERTY HOLDING ASSOCIATION, I

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90297 016 ****61.25

Principal Place of Business 1410 DUNDEE RD. WINTER HAVEN FL 33884-1010	Mailing Address 1410 DUNDEE RD. WINTER HAVEN FLA 33884-1010
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6592865	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LIDDON, POTTER 523 W LAKE ELBERT DR WINTER HAVEN, FL 33880	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

**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	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MAROTTI, ROBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12500 OLD GRADE RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>POLK CITY FL 33868</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	MAROTTI, ROBERT		STREET ADDRESS	12500 OLD GRADE RD		CITY-ST-ZIP	POLK CITY FL 33868		<table border="1"> <tr> <td>TITLE</td> <td>PD</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/2000 863 326 1147
Date Daytime Phone #

CR2E037 (9/99)