

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A25831**

1. Entity Name

COVENTRY SQUARE NORTH, LTD.

Principal Place of Business

850 STEPHENSON HWY., STE 200  
TROY MI 48063

Mailing Address

850 STEPHENSON HWY., STE 200  
TROY MI 48063-1151

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

38-2793418

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TROCKE, MICHAEL T  
101 EAST KENNEDY BLVD  
SUITE #2800  
TAMPA FL 33602

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. Capital Contributions  
as Shown on record.

\$270,110.00

10. Amount of Capital Contributions  
in FLORIDA to date.

270,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DAMONE, MICHAEL G  
850 STEPHENSON HWY. #200  
TROY MI 48063

STREET ADDRESS

CITY - ST - ZIP

400003249264--3

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

ANDREW, DANIEL R  
850 STEPHENSON HWY. #200  
TROY MI 48063

STREET ADDRESS

CITY - ST - ZIP

-05/11/00--01115--008

\*\*\*\*526.25 \*\*\*\*526.25

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

WILKINS, KIM O  
2521 WALNUT RD.  
ANN ARBOR MI

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

P01718  
DAMONE/ANDREW INVST. CO.  
850 STEPHENSON HWY. #200  
TROY MI 48063

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)