

2001 UNIFORM BUSINESS REPORT (UBR)

0018397 AF

DOCUMENT # **A25831**

1. Entity Name

COVENTRY SQUARE NORTH, LTD.

FILED

Principal Place of Business

850 STEPHENSON HWY., STE 200
TROY MI 48063

Mailing Address

850 STEPHENSON HWY., STE 200
TROY MI 48063

01 FEB -5 AM 11:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-2793418

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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 DAMONE, MICHAEL G
STREET ADDRESS 850 STEPHENSON HWY. #200
CITY-ST-ZIP TROY MI 48083

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME ANDREW, DANIEL R
STREET ADDRESS 850 STEPHENSON HWY. #200
CITY-ST-ZIP TROY MI 48083

STREET ADDRESS

CITY-ST-ZIP

800003657138--0
-02/08/01--01019--016
*****526.25 *****526.25

DOCUMENT #
NAME WILKINS, KIM O
STREET ADDRESS 2521 WALNUT RD.
CITY-ST-ZIP ANN ARBOR MI

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME P01718
STREET ADDRESS DAMONE/ANDREW INVST. CO.
CITY-ST-ZIP 850 STEPHENSON HWY. #200
TROY MI 48083

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/25/01 248-583-6020
Date Daytime Phone #

CR2E003 (11/00)