

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005606

1. Entity Name
G.P. COQUINA COVE, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90138 008 ***150.00

Principal Place of Business Mailing Address
3011 W. GRAND BLVD., STE. 2405 3011 W. GRAND BLVD., STE. 2405
DETROIT MI 48202 DETROIT MI 48202-3010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0792866		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETER D. CUMMINGS & ASSOCIATES, INC.
3501 SW CORPORATE PKWY.
PALM CITY FL 34990

Name Peter D. Cummings & Associates, Inc.
Street Address (P.O. Box Number is Not Acceptable)
3399 PGA Blvd.
Suite 450
City Palm Beach Gardens, FL Zip Code 33410

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 DAVID A. Dean, Vice President 4/24/00
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CPT	<input type="checkbox"/> Delete	TITLE VS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CUMMINGS, PETER D		NAME Cummings, Keith L.	
STREET ADDRESS 3011 W. GRAND BLVD., STE. 2405		STREET ADDRESS 3399 PGA Blvd., Ste 450	
CITY-ST-ZIP DETROIT MI 48202		CITY-ST-ZIP Palm Beach Gardens, FL 33410	
TITLE VS	<input type="checkbox"/> Delete	TITLE V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CUMMINGS, KEITH L		NAME Chasen, Donald	
STREET ADDRESS 3502 SW CORPORATE PKWY.		STREET ADDRESS 3399 PGA Blvd, Ste 450	
CITY-ST-ZIP PALM CITY FL 34990		CITY-ST-ZIP Palm Beach Gardens, FL 33410	
TITLE V	<input type="checkbox"/> Delete	TITLE V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHASEN, DONALD		NAME FRY, STEPHEN	
STREET ADDRESS 3501 SW CORPORATE PKWY.		STREET ADDRESS 3399 PGA Blvd, Ste 450	
CITY-ST-ZIP PALM CITY FL 34990		CITY-ST-ZIP Palm Beach Gardens, FL 33410	
TITLE V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRY, STEPHEN		NAME	
STREET ADDRESS 3501 SW CORPORATE PKWY.		STREET ADDRESS	
CITY-ST-ZIP PALM CITY FL 34990		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 with an address, with all other like empowered.

SIGNATURE: Donald Chasen 4/24/00 (561) 630-6110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vice President Date Daytime Phone #

CR2E034 (9/99)