

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005606

1. Entity Name

G.P. COQUINA COVE, INC.

Principal Place of Business

3011 W. GRAND BLVD., STE. 2405  
DETROIT MI 48202

Mailing Address

3011 W. GRAND BLVD., STE. 2405  
DETROIT MI 48202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

PETER D. CUMMINGS & ASSOCIATES, INC.  
3399 PGA BLVD.  
PALM BCH GARDENS FL 33410

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

TITLE CPT  
NAME CUMMINGS, PETER D  
STREET ADDRESS 3011 W. GRAND BLVD., STE. 2405  
CITY-ST-ZIP DETROIT MI 48202 ☐ Delete

TITLE VS  
NAME CUMMINGS, KEITH L  
STREET ADDRESS 3399 PGA BLVD., STE 450  
CITY-ST-ZIP PALM BCH GARDENS FL 33410 ☐ Delete

TITLE V  
NAME CHASEN, DONALD  
STREET ADDRESS 3399 PGA BLVD., STE 450  
CITY-ST-ZIP PALM BCH GARDENS FL 33410 ☒ Delete

TITLE V  
NAME FRY, STEPHEN  
STREET ADDRESS 3399 PGA BLVD., STE 450  
CITY-ST-ZIP PALM BCH GARDENS FL 33410 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VICE PRESIDENT  
NAME DAVID A. DEAN  
STREET ADDRESS 3399 PGA BLVD., SUITE 450  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A. DEAN, VP

Date

Daytime Phone #

FILED  
May 01, 2001 8:00 am  
Secretary of State

05-01-2001 90068 018 \*\*\*150.00

00044337



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0792866

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
**Fee Required**

0586703

CR2E034 (10/00)