2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # J18843** Jan 27, 2000 8:00 am 1. Entity Name **Secretary of State** COVENTRY SQUARE, INC. 01-27-2000 90042 036 ***150.00 Principal Place of Business Mailing Address % FRED SCHWARTZ % FRED SCHWARTZ 2715 SPANISH RIVER ROAD 2715 SPANISH RIVER ROAD **BOCA RATON FL 33432-8134 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2714669 Not Applicable \$8.75-Additional _ Country 5.- Certificate of Status Desired -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHWARTZ, ZELMA Street Address (P.O. Box Number is Not Acceptable) 2715 SPANISH RIVER ROAD **BOCA RATON FL 33432** Zip Code City FL 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 Fiorida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition Change ☐ Delete TITLE SCHWARTZ, FRED NAME 2715 SPANISH RIVER RD STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE Delete TITLE SCHWARTZ, DOUGLAS NAME NAME 2410 HALYARD DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP. MERRICK NY - = - ==-ST SCHWARTZ, BASIN 17992 FOXBOROUGH D. TON, Pla, 5 ☐ Delete TITLE SCHWARTZ, SUSAN NAME 17 RYDER AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DIX HILLS NY CITY-ST-ZIP TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITI F ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete 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.