

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2002 8:00 am
Secretary of State

07-31-2002 90093 038 ***150.00

DOCUMENT # J25397

1. Entity Name
COVENTRY PLACE, INC.

Principal Place of Business
C/O S CAMPUS ASSOC
134 N EAGLEVILLE RD PO 139
STORRS CT 06268
US

Mailing Address
C/O S CAMPUS ASSOC
134 N EAGLEVILLE RD PO 139
STORRS CT 06268
US

B0133061



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1400 90th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

VERO BEACH FL

4. FEI Number

59-2698786

Applied For

Not Applicable

Zip

Country

Zip

Country

32966 USA

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

SANDERSON, FREDA L
% HERON CAY
1400 90TH AVENUE
VERO BEACH FL 32966

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, 2002 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	DPST	<input type="checkbox"/> Delete
NAME	SANDERSON, OWEN M	
STREET ADDRESS	134 N EAGLEVILLE ROAD	
CITY-ST-ZIP	STORRS CT	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

OWEN M SANDERSON **561-5670480** **APR 29, 2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

7/20/02

Dear Sirs:

Re: COVENTRY PLACE INC. # J25397
59-2698786

I am writing to ask that I not be charged an additional \$400 for the enclosed. I am the sole person who handles this account as well as 50 other CT corporations that do business in Florida. By mistake, I mailed the enclosed to CT and just received it back.

I had been traveling back and forth from Florida to CT to help care for my brother who was suffering from a rare heart disorder. In my haste, I must have used the wrong address in mailing this.

Please accept my apology. If there is someone I should speak to, please let me know.

Yours truly,
Fida Sanderson

I have enclosed a copy of the envelope which was mailed 4/29/02 - to wrong address.

Thank you again

Attachment

#J25397

COVENTRY PLACE
C/O SAUNDERS
1400 90TH AVE
VERO BEACH, FL
32906

CT. Seely Stale
30 Trinity St
PO Box 150470
Hartford, CT 06115-0470

