

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000000463

1. Entity Name

PICERNE COVINGTON POINT, LLC

FILED

02 APR -5 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

215 NORTH EOLA DRIVE  
ORLANDO FL 32801

Mailing Address

215 NORTH EOLA DRIVE  
ORLANDO FL 32801

2. Principal Place of Business

247 N. Westmonte Dr.

Suite, Apt. #, etc.

3. Mailing Address

247 N. Westmonte Dr.

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

Zip 32714

Country

City & State

Altamonte Springs, FL

Zip 32714

Country U.S.A.

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COSTOLO, W. TERRY ESQ.  
215 NORTH EOLA DRIVE  
ORLANDO FL 32801

Name

Costolo, W. Terry, Esq.

Street Address (P.O. Box Number is Not Acceptable)

301 E. Pine St., Ste. 1400

City

Orlando

FL

Zip Code

32801

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
Manager  
Robert M. Picerne  
247 North Westmonte Drive  
Altamonte Springs, FL 32714

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
3000005234553-06  
-04/10/02-01029-015  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**  
Robert M. Picerne

4/4/2002

407-772-0200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)