

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0004433

DOCUMENT # L01000000463

1. Entity Name

PICERNE COVINGTON POINT, LLC



Principal Place of Business

247 N. WESTMONTE DR.  
ALTAMONTE SPRINGS FL 32714

Mailing Address

247 N. WESTMONTE DR.  
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**  
**PENDING**

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

FILED  
03 MAR 12 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

COSTOLO, W. TERRY ESQ.  
301 E PINE ST., STE 1400  
ORLANDO FL 32801

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

## 9. MANAGING MEMBERS / MANAGERS

## 10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
PICERNE, ROBERT M  
247 NORTH WESTMONTE DRIVE  
ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600014378176  
03/19/03--01062--029 \*\*55.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

**2-24-03** **4077720200**

CR2E083 (10/02)