2001 UNIFORM BUSINESS REPORT (UBR)

Mar 08, 2001 8:00 am⁵ Secretary of State DOCUMENT # N0000005806 1. Entity Name COVILLE FAMILY SUPPORTING FOUNDATION. INC. 03-08-2001 90013 037 ****61.25 Principal Place of Business Mailing Address 580 SOUTH MCINTOSH ROAD 580 SOUTH MCINTOSH ROAD SARASOTA FL 34232 061914 SARASOTA FL 34232 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1043671 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Jan D. Lederman, Ph.D. Street Address (P.O. Box Number is Not Acceptable) 580 S. McIntosh Road SINGER, JENNIFER 580 SOUTH MCINTOSH ROAD SARASOTA FL 34232 Zip Code 34232 FL Sarasota 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. 2/28/01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. D Change XX Addition TITLE ☐ Delete TITLE COVILLE, WARREN NAME NAME Howard Markus 216 BIRD KEY DRIVE STREET ADDRESS 1281 Gulf of Mexico Dr #607 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP Longboat Key, FL 34228 D XX Addition VD ☐ Delete TITLE Change TITLE Cheryl Gordon COVILLE, MARGOT NAME NAME 240 S. Pineapple Ave 10th Flr STREET ADDRESS 216 BIRD KEY DRIVE STREET ADDRESS CITY-ST-ZIP Sarasota, FL 34239 CITY-ST-ZIE SARASOTA FL 34236 ☐ Change XX Addition TITLE Delete TITLE COVILLE, BETSY ROBIN NAME 1 Lillian Sands NAME 510 STRATFIELD DRIVE STREET ADDRESS STREET ADDRESS 5951 Gulf of Mexico Dr CITY-ST-7IP CITY-ST-ZIP **LUTZ FL 33549** Longboat Key, FL 34228 Delete TITLE Change ☐ Addition TITLE TRIEST, BRENT NAME NAME 290 FRANKLIN CENTER, 29100 N WESTERN HWY STREET ADDRESS STREET ADDRESS CITY-ST-7IP **SOUTHFIELD MI 48034** CITY-ST-7IP ☐ Change ☐ Addition TITLE TITI F , Go∂ete SINGER. JENNIFER NAME NAME 580 SOUTH MCINTOSH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 ☐ Delete TITLE Change ☐ Addition STULBERG, LOIS NAME NAME 655 LONGBOAT CLUB ROAD 16-A STREET ADDRESS STREET ADDRESS LONGBOAT KEY FL 34228 CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

changed, or on an attach

nt with an add

2/28/01

FILED

(941) 371-4546