FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 01, 2002 8:00 am Secretary of State DOCUMENT # N0000005806 COVILLE FAMILY SUPPORTING FOUNDATION, INC. 04-01-2002 90070 013 ****61.25 Principal Place of Business Mailing Address 580 SOUTH MCINTOSH ROAD 580 SOUTH MCINTOSH ROAD SARASOTA FL 34232 SARASOTA FL 34232 R0055389 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-1043671 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired-Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Howard 1evbwitz Street Address (P.O. Box Number is Not Acceptable) LEDERMAN, JAN D PHD 580 SOUTH MCINTOSH ROAD Mc Intosh SARASOTA FL 34232 submits this statement for the purplese of changing its registered office or registered agent, or both, in the state of Florida. 8. The above named entity SIGNATURE NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITLE ☐ Change ☐ Addition TITLE COVILLE, WARREN NAME NAME 216 BIRD KEY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP TITLE ☐ Delete Change Addition COVILLE, MARGOT NAME NAME 216 BIRD KEY DRIVE STREET ADDRESS STREET ADDRESS ČITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME COVILLE, BETSY ROBIN NAME 510 STRATFIELD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LUTZ FL 33549/ CITY-ST-ZIP TITLE TITLE Change ☐ Addition ☐ Delete TRIEST, BRENT NAME NAME 290 FRANKLIN CENTER, 29100 N WESTERN HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SOUTHFIELD MI 48034 ☐ Change ☐ Addition TITLE Delete TITLE SINGER, JENNIFER NAME NAME STREET ADDRESS 580 SOUTH MCINTOSH ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 ☐ Delete ☐ Change ☐ Addition STULBERG, LOIS NAME NAME 655 LONGBOAT CLUB ROAD 16-A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY FL 34228 CITY-ST-ZIP

2. I hereby certify that the information supplied with this filling 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/0

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