

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000015432

1. Entity Name

COVENANT HEALTH CARE STAFFING PROVIDER INC.

FILED

Jan 30, 2001 8:00 am  
Secretary of State

01-30-2001 90031 037 \*\*\*158.75

Principal Place of Business

14445 W. BUSCH BLVD STE 100  
TAMPA FL 33612

Mailing Address

14445 W. BUSCH BLVD STE 100  
TAMPA FL 33612

2. Principal Place of Business

1445 W. BUSCH BLVD.

3. Mailing Address

1445 W. BUSCH BLVD.

Suite, Apt. #, etc.

STE. 100

Suite, Apt. #, etc.

STE. 100

City & State

TAMPA, FL.

City & State

TAMPA, FL.

Zip

33612

Country

Zip

33612

Country

4. FEI Number

59-3624870

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

GAVINO, ROMEO

14445 W. BUSCH BLVD STE 100  
TAMPA FL 33612

7. Name and Address of New Registered Agent

Name

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

1445 W. BUSCH BLVD. STE 100

City

TAMPA

FL

Zip Code

33612

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

*Romeo Gavino* ROMEO GAVINO

1/19/01

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	GAVINO, BELINDA	
STREET ADDRESS	18124 LEAFWOOD CIR	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAVINO, ROMEO	
STREET ADDRESS	18124 LEAFWOOD CIR	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	DULA, RHONDA	
STREET ADDRESS	3507 DEL LAGO APT 442	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALAJAJI, SARA	
STREET ADDRESS	18124 LEAFWOOD CIR	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

*Romeo Gavino* ROMEO GAVINO

1/19/01 (813) 915-0626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)