

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000029147

1. Entity Name

COVENANT GROUP PROPERTIES, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90142 039 ***150.00

743396



DO NOT WRITE IN THIS SPACE

Principal Place of Business
10 MEADOWLAKE CIRCLE SOUTH
LAKE PLACID FL 33852

Mailing Address
10 MEADOWLAKE CIRCLE SOUTH
LAKE PLACID FL 33852

2. Principal Place of Business

4141 US 27 North

3. Mailing Address

4141 US 27 North

Suite, Apt. #, etc.

Suite 3

Suite, Apt. #, etc.

Suite 3

City & State

Sebring FL

City & State

Sebring FL

4. FEI Number

65-1007840

Applied For

Not Applicable

Zip

33870

Country

USA

Zip

33870

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAPP, ARLAN D
10 MEADOWLAKE CIRCLE SOUTH
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent

Name

2411 Dog Leg DR.

City

Sebring

FL

Zip Code

33872

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
ARLAN D. SAPP
2411 DOG LEG DR
Sebring FL 33872

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V. President
Kenneth D. LAGrow
5051 STAFFORD OAKS DR.
Sebring FL 33872

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Rhonda K. LAGrow
5051 STAFFORD OAKS DR.
Sebring FL 33872

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
MARY SAPP
2411 DOG LEG DR.
Sebring FL 33872

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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:

MARY SAPP MARY SAPP

4.4.01 (863)402-9145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)