

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000054713

1. Entity Name

COVENTRY HOME CORPORATION OF ORLANDO, INC.

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90036 041 \*\*\*150.00

Principal Place of Business

20 N ORANGE AVE  
#1000  
ORLANDO FL 32801  
US

Mailing Address

20 N ORANGE AVE  
#1000  
ORLANDO FL 32801  
US

00033410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 S. Orange Ave.  
Suite, Apt. #, etc.  
Suite 1000

3. Mailing Address

300 S. Orange Ave.  
Suite, Apt. #, etc.  
Suite 1000

City & State

Orlando, Florida 32801

City & State

Orlando, Florida 32801

4. FEI Number

59-3195264

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUMPHRIES, J G  
20 N ORANGE AVE  
#1000  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

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

300 S. Orange Ave., Suite 1000

City

Orlando,

FL

Zip Code

32801

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME BARRINEAU, MICHAEL D  
STREET ADDRESS 20 N ORANGE AVE 1000  
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 300 S. Orange Ave., Suite 1000  
CITY-ST-ZIP Orlando, Florida 32801

TITLE V  
NAME LEAHY, DONNA C.  
STREET ADDRESS 20 N ORANGE AVE 1000  
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 300 S. Orange Ave., Suite 1000  
CITY-ST-ZIP Orlando, Florida 32801

TITLE V  
NAME TROVILLION, MARK K  
STREET ADDRESS 20 N ORANGE AVE 1000  
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 300 S. Orange Ave., Suite 1000  
CITY-ST-ZIP Orlando, Florida 32801

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Michael D. Barrineau* Michael D. BARRINEAU

3/27/01

281-444-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0061211