

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707936

1. Entity Name

THE CANTERBURY SCHOOL, INC.

Principal Place of Business

Mailing Address

8141 COLLEGE PARKWAY  
FT MYERS FL 33919-5109

8141 COLLEGE PARKWAY  
FT MYERS FL 33919-5109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1058089

Applied For

Not Applicable

5. Certificate of Status Desired ☐ ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

SIEGEL, BARBARA B  
27 FALCONWOOD COURT  
FT. MYERS FL 33919

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE STR ☐ Delete  
NAME MORRONI, ANNETTE  
STREET ADDRESS 13540 BRYNWOOD LANE, SE  
CITY-ST-ZIP FT MYERS FL 33912

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

TITLE CTRR ☐ Delete  
NAME LUCAS, DAVID  
STREET ADDRESS 13141 PONDEROSA WAY  
CITY-ST-ZIP FT MYERS FL 33907

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

TITLE PETR ☐ Delete  
NAME SIEGEL, BARBARA B  
STREET ADDRESS 27 FALCONWOOD CT  
CITY-ST-ZIP FT. MYERS FL 33919

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

TITLE TR ☐ Delete  
NAME CARRON, MICHAEL  
STREET ADDRESS 13281 PONDEROSA WAY  
CITY-ST-ZIP FT MYERS FL 33907

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

TITLE VTR ☐ Delete  
NAME ELLENBERG, KENNETH E  
STREET ADDRESS 1238 ISABEL DRIVE  
CITY-ST-ZIP SANIBEL ISLAND FL 33957

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

TITLE TR ☐ Delete  
NAME BORDEN, PATRICIA S  
STREET ADDRESS 3880 W. RIVERSIDE DRIVE  
CITY-ST-ZIP FORT MYERS FL 33901

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

12. 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 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:

*Barbara Siegel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 29, 2000 8:00 am  
Secretary of State

01-29-2000 90136 034 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

1/20/00