

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715097

1. Entity Name

THE CANTERBURY SCHOOL OF FLORIDA, INC.

Principal Place of Business

901 58TH AVENUE NE
ST PETERSBURG FL 33703

Mailing Address

901 58TH AVENUE NE
ST PETERSBURG FL 33703-1630

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

59-1218022

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

DIKE, DAVID H.
901 58TH AVENUE N.E.
ST. PETERSBURG FL 33703

Name

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

City

FL

Zip Code

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 TP ☒ Delete
NAME LANE, WILLIAM R.
STREET ADDRESS 400 NO. ASHLEY DR., STE. 2300
CITY-ST-ZIP TAMPA F

TITLE TP ☐ Change ☒ Addition
NAME W. Robb Hough, Jr.
STREET ADDRESS 400 Coffee Pot Riviera N.E.
CITY-ST-ZIP St. Petersburg, FL 33704

TITLE TS ☒ Delete
NAME BOND, MARY ANNE
STREET ADDRESS 4695 ALISA CIRCLE N.E.
CITY-ST-ZIP ST. PETERSBURG FL 33703

TITLE TS ☐ Change ☒ Addition
NAME Leslie Ann Amith
STREET ADDRESS 4133 13th Way N.E.
CITY-ST-ZIP St. Petersburg, FL 33703

TITLE TT ☐ Delete
NAME KNOWLTON, DAVID H.
STREET ADDRESS 1140 42ND AVE., N.E.
CITY-ST-ZIP ST. PETERSBURG FL

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
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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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leslie Ann Smith

Date

1/11/00

Daytime Phone #

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90056 039 ****61.25

C0006762



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)