

# 2002 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

Name

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

City

FL

Zip Code

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

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

TITLE IP  
NAME HOUGH, W ROBB JR  
STREET ADDRESS 400 COFFEE POT RIVERA NE  
CITY-ST-ZIP SAINT PETERSBURG FL 33704

TITLE TS  
NAME AMITH, LESLIE ANN  
STREET ADDRESS 4133 13TH WAY NE  
CITY-ST-ZIP ST. PETERSBURG FL 33703

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D President  
NAME Marion Hale  
STREET ADDRESS 7201 Demens Drive South  
CITY-ST-ZIP St. Petersburg, FL 33712

TITLE D Secretary  
NAME Leslie A. Curry  
STREET ADDRESS 4133 13th Way NE  
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE D Treasurer  
NAME Jeffrey P. McClanathan  
STREET ADDRESS 100 Second Avenue So. Ste. 600  
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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

DATE

Daytime Phone #

FILED  
Mar 29, 2002 8:00 am  
Secretary of State

02-11-2002 90084 042 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)