

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

01-21-2003 90165 036 ***61.25

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

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

**DIKE, DAVID H.
901 58TH AVENUE NE
ST. PETERSBURG FL 33703**

7. Name and Address of New Registered Agent

Name

E-l-l-e-n-W-e-l-s-h

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

901 58th Avenue NE

City

St. Petersburg

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Head of School

1/13/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **HALE, MARION**
STREET ADDRESS **7201 DEMENS DR SOUTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33712**

TITLE **SD** ☒ Delete
NAME **CURRY, LESLIE A**
STREET ADDRESS **4133 13TH WAY NE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE **TD** ☒ Delete
NAME **MCCLANATHAN, JEFFERY P**
STREET ADDRESS **100 2ND AVE SO STE 600**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D Secretary** ☐ Change ☐ Addition
NAME **Robert I. Siver**
STREET ADDRESS **114 Giralda Blvd NE**
CITY-ST-ZIP **St. Petersburg, FL 33704**

TITLE **D Treasurer** ☐ Change ☐ Addition
NAME **William B. McQueen**
STREET ADDRESS **2201 9th Street North**
CITY-ST-ZIP **St. Petersburg, FL 33704**

TITLE **D Vice President** ☐ Change ☐ Addition
NAME **Stanley N. Crooms**
STREET ADDRESS **1771 Serpentine Drive South**
CITY-ST-ZIP **St. Petersburg, FL 33712**

TITLE ☐ Change ☐ Addition
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

Marion Hale

727/525-1419

Date

Daytime Phone #

CR2E037 (10/02)