

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90031 024 \*\*\*\*70.00

**DOCUMENT # 734830**

1. Entity Name

**CANTERBURY TOWERS, INC.**

Principal Place of Business

**3501 BAYSHORE BLVD  
 TAMPA FL 33629**

Mailing Address

**3501 BAYSHORE BLVD  
 TAMPA FL 33629-8901**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1782481**

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

7. Name and Address of New Registered Agent

**BOGGS, JACKSON E  
 501 KENNEDY BLVD STE 1700  
 TAMPA FL 33602**

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	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>WOOD, PARKER C</b>	
STREET ADDRESS	<b>160 COLUMBIA DR</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HODES, RICHARD</b>	
STREET ADDRESS	<b>2611 BAYSHORE BLVD</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TAPLEY, JOHN</b>	
STREET ADDRESS	<b>315 E. MADISON</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BOGGS, JACKSON E</b>	
STREET ADDRESS	<b>501 E KENNEDY BLVD</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MASSEY, HOYT B, REV</b>	
STREET ADDRESS	<b>UPPER WALKER RD RTE 1</b>	
CITY-ST-ZIP	<b>WAYNESVILLE NC</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CONNER, DOUGLAS B.</b>	
STREET ADDRESS	<b>4906 SAINT CROIX DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33601</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**POSTED**

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 #

CFR2037 (9/99)