

# 2002 UNIFORM BUSINESS REPORT (UBR)

0007998 AT

**DOCUMENT # A94000001260**

1. Entity Name  
**CANTERBURY PLACE PARTNERS, LTD.**

FILED

02 FEB 14 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business: **1201 SOUTH ORLANDO AVENUE, SUITE 360 WINTER PARK FL 32789**

Mailing Address: **P.O. BOX 276 WINTER PARK FL 32790**

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number: **59-3267282** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**STRONG, DAVID C**  
**1201 SOUTH ORLANDO AVENUE, SUITE 360**  
**WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

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: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: **\$600,000.00**

10. Amount of Capital Contributions in FLORIDA to date: \_\_\_\_\_

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	<b>P98000095123</b>
NAME	<b>STRONG EQUITIES, INC.</b>
STREET ADDRESS	<b>1201 SOUTH ORLANDO AVENUE, SUITE 360</b>
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>500004991735--9</b>
CITY-ST-ZIP	<b>02/22/02--01076--001</b> <b>****526.25 ****526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *Strong Equities, Inc., General Partner* **SIGNATURE REQUIRED** **1/25/02** **407-629-1800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

SIMPLE CHECK HERE