

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90084 043 ****61.25

0078812

DOCUMENT # N97000006362

1. Entity Name

THE CANTERBURY SCHOOL OF FLORIDA FOUNDATION, INC

Principal Place of Business

**901 58TH AVENUE NE
 ST PETERSBURG FL 33703-1697**

Mailing Address

**901 58TH AVENUE NE
 ST PETERSBURG FL 33703-1697**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3533962**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIKE, DAVID H
 901 58TH AVENUE NE
 ST PETERSBURG FL 33703-1697**

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

1/23/02

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	DP	X <input checked="" type="checkbox"/> Delete
NAME	LANE, WILLIAM R JR	
STREET ADDRESS	400 N ASHLEY DR, STE 2300	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	DS	X <input checked="" type="checkbox"/> Delete
NAME	SMITH, LESLIE A	
STREET ADDRESS	4133 13TH WAY NE	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	D	X <input checked="" type="checkbox"/> Delete
NAME	LANE, SYLVIA H	
STREET ADDRESS	1408 72ND AVE NE	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	DST	X <input checked="" type="checkbox"/> Delete
NAME	KNOWLTON, DAVID	
STREET ADDRESS	1140 42ND AVE NE	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	DV	X <input checked="" type="checkbox"/> Delete
NAME	HOUGH, ROBB W JR	
STREET ADDRESS	400 COFFEE POT RIVIERA NE	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	X <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marion Hale	
STREET ADDRESS	7201 Demens Drive South	
CITY-ST-ZIP	St. Petersburg, FL 33712	
TITLE	Vice President	<input type="checkbox"/> Change X <input checked="" type="checkbox"/> Addition
NAME	Stanley N. Crooms	
STREET ADDRESS	1771 Serpentine Drive South	
CITY-ST-ZIP	St. Petersburg, FL 33712	
TITLE	Director	X <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert C. White	
STREET ADDRESS	5123 Queen Palm Terrace NE	
CITY-ST-ZIP	St. Petersburg, FL 33703	
TITLE	Treasurer	X <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeffrey P. McClanathan	
STREET ADDRESS	100 Second Avenue So. Ste. 600	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	Director	X <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	W. Robb Hough Jr.	
STREET ADDRESS	400 Coffee Pot Riviera NE	
CITY-ST-ZIP	St. Petersburg, FL 33704	
TITLE	Secretary	<input type="checkbox"/> Change X <input checked="" type="checkbox"/> Addition
NAME	Leslie A. Curry	
STREET ADDRESS	4133 13th Way NE	
CITY-ST-ZIP	St. Petersburg, FL 33703	

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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

Date

787-525-1419

Daytime Phone #

CR2E037 (9/01)