2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
04-17-2000 90097 016 ***150.00

DOCUMENT # P99000089706

1. Entity Name

CANTERBURY FARMS MANAGEMENT, INC.

Principal Place of Business	Mailing Address
6221 BAYSIDE DR. NEW PORT RICHEY FL 34652-2039	6221 BAYSIDE DR. NEW PORT RICHEY FL 34652-2039

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14220 Thornwood Trail	14220 Thornwood Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hudson, FL	City & State: Hudson, FL
Zip: 34669 Country: USA	Zip: 34669 Country: USA

4. FEI Number: 59-3601557 ☐ 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
SANTANGELO, PETER 6221 BAYSIDE DR. NEW PORT RICHEY FL 34652-2039	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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	**FILE NOW!!! FEE IS $150.00** **After MAY 1, 2000 Fee will be $550.00** **Make Check Payable to Department of State**	10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANTANGELO, PETER 6221 BAYSIDE DR. NEW PORT RICHEY FL 34652-2039	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-10-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #