

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715035

1. Entity Name

SOUTH CANTERBURY CONDOMINIUM, INC.

Principal Place of Business

530 CONSTRUCTION LANE
#1
LEHIGH ACRES FL 33936
US

Mailing Address

P.O. BOX 402
LEHIGH ACRES FL 33936-0402
US

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

59-1288389

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

SHIELDS, CHRISTOPHER J
C/O PAVESE, GARNER, HAVERFIELD ET AL
1833 HENDRY ST
FT MYERS FL 33901

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 VD
NAME CRAVEN, JOHN
STREET ADDRESS 2361 WHITEWOOD LN
CITY-ST-ZIP CINCINNATI OH ☐ Delete

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

TITLE SD
NAME DELLES, MARY B
STREET ADDRESS 1376 ARCHER ST., APT. 5
CITY-ST-ZIP LEHIGH ACRES FL 33972 ☐ Delete

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

TITLE PD
NAME WARNER, ROY
STREET ADDRESS 1376 ARCHER ST APT 8
CITY-ST-ZIP LEHIGH ACRES FL 33972 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE TD
NAME Richard Winslow
STREET ADDRESS 1376 Archer St. #2
CITY-ST-ZIP Lehigh Acres, FL 33972 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME Seth Johnston
STREET ADDRESS 1376 Archer St. #4
CITY-ST-ZIP Lehigh Acres, FL 33972 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/01 (941) 368-4741

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90055 013 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)