

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715035

1. Entity Name

SOUTH CANTERBURY CONDOMINIUM, INC.

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91521 008 ****61.25

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** ☐ Delete
 STREET ADDRESS **2381 WHITEWOOD LN**
 CITY-ST-ZIP **CINCINNATI OH**

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

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

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

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

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

TITLE **TD**
 NAME **WINSLOW, RICHARD** ☐ Delete
 STREET ADDRESS **1376 ARCHER STREET 2**
 CITY-ST-ZIP **LEHIGH ACRES FL 33972**

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

TITLE **D**
 NAME **JOHNSTON, SETH** ☒ Delete
 STREET ADDRESS **1376 ARCHER STREET 4**
 CITY-ST-ZIP **LEHIGH ACRES FL 33972**

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

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

R.D.

2/8/02

Date

(239) 368-6741

Daytime Phone #

CR2E037 (9/01)