2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED DOCUMENT # 730063 Jan 24, 2000 8:00 am 1. Entity Name **Secretary of State** CANTERBURY APARTMENTS, INC. 01-24-2000 90084 018 ****61.25 Principal Place of Business Mailing Address 720 APALACHICOLA RD. APT 201 720 APALACHICOLA RD VENICE FL 34285-1606 #106 VENICE FL 34285-1606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1780013 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ERNEST M. Street Address (P.O. Box Number is Not Acceptable) 720 Apalachicola Rd MANSFIELD, R. HARRISON 720 APALACHICOLA RD., #106 VENICE FL 34285 WENICE. 34285 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. Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE Delete TITLE ERNEST M. BROWN NAME MANSFIELD, R. HARRISON 720 Apalachi wa Rd, #202 STREET ADDRESS STREET ADDRESS 720 APALACHICOLA RD., #102 CITY-ST-ZIP CITY-ST-ZIP UENICE, FC 34285-1635 VENICE FL 34285 **Z** Addition UPDT ☐ Change TITLE TITLE vpdt Delete ChAS. M. MEYER 720 Apriachicolard, #206 PETERS, MARJORIE J. NAME NAME STREET ADDRESS STREET ADDRESS 720 APALACHICOLA RD APT 202 CITY-ST-ZIP CITY-ST-ZIP VENICE, FL 34285-1635 DIRECTOR Change -Addition TITLE" SD ------ Delete -TITI F JAMES LAIR NAME PATTISON, MARY JO NAME 720 Apalachicolo Rd, #205 STREET ADDRESS STREET ADDRESS 208 WEST MIAMI AVE VENICE, FL 34285-1635 CITY-ST-ZIP CITY-ST-ZIP venice fl ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF 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