

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90039 010 ****61.25

DOCUMENT # 730063

1. Entity Name

CANTERBURY APARTMENTS, INC.



Principal Place of Business

**720 APALACHICOLA RD. APT 201
VENICE FL 34285-1606
US**

Mailing Address

**720 APALACHICOLA RD
#106
VENICE FL 34285-1606
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

APT 206

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1780013**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MEYER, CHARLES L
720 APALACHICOLA RD., #106
VENICE FL 34285**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

720 APALACHICOLA RD; #206

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MEYER, CHARLES L**
STREET ADDRESS **720 APALACHICOLA RD , APT 206**
CITY-ST-ZIP **VENICE FL 34285**

TITLE **VPDT** ☒ Delete
NAME **VERREY, EMIL**
STREET ADDRESS **720 APALACHICOLA RD APT 202**
CITY-ST-ZIP **VENICE FL 34285**

TITLE **SD** ☐ Delete
NAME **PATTISON, MARY JO**
STREET ADDRESS **208 WEST MIAMI AVE**
CITY-ST-ZIP **VENICE FL**

TITLE **TD** ☒ Delete
NAME **PATTISON, MARY JO**
STREET ADDRESS **720 APALACHICOLA RD # 205**
CITY-ST-ZIP **VENICE FL 34285**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **S/T/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **34285**

TITLE **V/D** ☐ Change ☒ Addition
NAME **WILLIAM H. SPIERS**
STREET ADDRESS **720 APALACHICOLA RD APT 103**
CITY-ST-ZIP **VENICE FL 34285**

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

TITLE ☐ Change ☐ Addition
NAME
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

2/26/03

941-484-2391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Residing Phone #

CR2E037 (10/02)