## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 767057**

1. Entity Name

## CANTERBURY AT THE CROSSINGS, INC.

Principal Place of Business

Mailing Address

6954 AMERICANA HIGHWAY REYNOLDSBURG OH 43068-4551  2. Principal Place of Business		6954 AMERICANA HIGHWAY REYNOLDSBURG OH 43068-4551  3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State	e		4. FEI Number 59-3041567 Applied For Not Applicable			
Zip	Country	Zip	Co	ountry	5. Certificate of Statu		8.75 Ac	ditional
	6. Name and Address of Curren	t Registered Agent	<u> </u>		7. Name and Addres	s of New Registered Ag	ent	
				Name	, .,			
LEXIS DOCUMENT SERVICES INC. 3953 WW KELLEY RD.				Street Addre	Acceptable)			
TALLAHAS	SSEE FL 32311		Cin				Ι <del></del>	
				City		FL	Zip Cod	1e
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable.	(NOTE: Register	red Agent signature red	uired when reinstating)	DATE		
FILE NOW: FEE IS \$61.25			ection Campaign ust Fund Contribu		\$5.00 May Be Added to Fees	Make Check i Department		
10.	OFFICERS AND D	IRECTORS	11	•	ADDITIONS/CHANGES	TO OFFICERS AND DIRE	CTORS IN	V 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STROHM, BRUCE C 6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP FOX, LESLIE B 6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068		1		-	C	] Change	☐ Addition
TITLE NAME Street address City-St-Zip	SVP MCHUGH, MICHAEL J 6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068		NAM Str			Г	] Change	Addition
TITLE Name Street address City-St-Zip	VD TRAGER, MARK 6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068					C	] Change	☐ Addition
TITLE NAME Streët Address City-St-Zip	VASD DUNCK, SHELLEY L 6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068		NAM STR				] Change	Addition
TITLE NAME STREET ADDRESS	VASD RAHAL, YASMINA 6954 AMERICANA PARKWAY		lelete TITL				] 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 incompositions.

CITY-ST-ZIP

SIGNATURE:

**REYNOLDSBURG OH 43068** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02

614-759-1566

Daytime Phone #