

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000478

1. Entity Name

CANTERBURY #2260, LLC

Principal Place of Business

C/O GOLF HOST SECURITIES INC.
36750 U.S. HWY. 19 N.
PALM HARBOR FL 34684

Mailing Address

C/O GOLF HOST SECURITIES INC.
36750 U.S. HWY. 19 N.
PALM HARBOR FL 34684

2. Principal Place of Business

No Change

Suite, Apt. #, etc.

3. Mailing Address

No Change

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3619471

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

01 SEP 27 AM 12:05



DO NOT WRITE IN THIS SPACE

Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Atty Herbert Elliott

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

35 W. Lemon St.

City

Tarpon Springs

FL

Zip Code

34689

8. I am filing this report for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name

(agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

800004619388--6

-10/02/01--01008--009

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGR
Golf Host Condominiums, Inc.
36750 U.S. Hwy. 19 N
Palm Harbor, FL 34684

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Delete

☐ Delete

☐ Delete

10. ADDITIONS/CHANGES

☐ Change

☒ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE REQUIRED

Dominic A. Benavente, Manager 9/4/01 727-942-5210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)

0008101

SEE CHECK HERE