

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0085134

DOCUMENT # L00000000478

1. Entity Name
CANTERBURY #2260, LLC



FILED

03 MAY -2 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

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

c/o Diane L. Johnston-Trustee

Suite, Apt. #, etc.
36750 U.S. Hwy 19 N

City & State
Palm Harbor, FL

Zip
34684

Country
Pinellas-USA

3. Mailing Address

c/o Diane L. Johnston-Trustee

Suite, Apt. #, etc.
36750 U.S. Hwy 19 N

City & State
Palm Harbor, FL

Zip
34684

Country
USA

4. FEI Number 59-3619471

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELLIOTT, HERBERT
35 WEST LEMON ST.
TAMPA FL 34689

623 East Tarpon Ave.
Suite L
Tarpon Springs, FL
34689

7. Name and Address of New Registered Agent

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. 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 \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME GOLF HOST CONDOMINIUMS, INC.
STREET ADDRESS 36750 U.S. HWY. 19 N.
CITY-ST-ZIP PALM HARBOR FL 34684 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME Augusta 2020 Land Trust
STREET ADDRESS c/o Diane L. Johnston, Trustee
CITY-ST-ZIP 36750 U.S. Hwy 19 N
Palm Harbor, FL-34684 ☒ Change ☐ Addition

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

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: Diane L. Johnston-Trustee

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

4-29-03 727-939-3504

Date

Daytime Phone #

CR2E083 (10/02)