2002 Uniform Business Report (UBR)

Mar 26, 2002 8:00 am § Secretary of State DOCUMENT # M64461 1. Entity Name 03-26-2002 90027 006 ***150.00 CANTERBURY LAKES, INC. Principal Place of Business Mailing Address 2450 NORTH CITRUS HILLS BLVD 2450 NORTH CITRUS HILLS BLVD HERNANDO FL 34442 HERNANDO FL 34442 2. Principal Place of Business 3. Mailing Address 2476 N. ESSEX AVE 2476 N. E. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2863279 eknando ERNANNS Not Applicable Country \$8.75 Additional 3444 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ABEL, ERIC D ESQ Street Address (P.O. Box Number is Not Acceptable) 2476 N ESSEX AVENUE HERNANDO FL 34442 Zip Code City FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) ☐ Addition ☐ Delete TITLE ☐ Change TITLE PD NAME TAMPOSI, STEPHEN A. NAME STREET ADDRESS STREET ADDRESS 2476 N ESSEX AVENUE CITY-ST-ZIP CITY-ST-ZIP HERNANDO FL 34442 ŤITLE ☐ Delete Addition NAME NAME PASTOR, JOHN STREET ADDRESS STREET ADDRESS 2476 N ESSEX AVENUE CITY-ST-ZIP CITY-ST-ZIP HERNANDO FL 34442 ☐ Delete TITLE Change ☐ Addition TITI F NAME NAME NASH, GERALD Q STREET ADDRESS STREET ADDRESS **40 TEMPLE STREET** CITY-ST-ZIP CITY-ST-ZIP NASHUA NH 03060 Addition ☐ Delete TITLE ☐ Change TITLE ERIC D. ABEL NAME NAME 2474 N. ESSEX AVE. STREET ADDRESS STREET ADDRESS HCRNANDO, FL 34442 CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. I hereby certify that the information supplied with this filling 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 trucker expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

of the corporation or the receive

SIGNATURE: