

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13525

1. Entity Name

CANTERBURY COURT OF NAPLES, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90047 037 ****61.25

Principal Place of Business

Mailing Address

1708 GULF SHORE BOULEVARD NORTH
NAPLES FL 34102-4924
US

1044 CASTELLO DR.
206
NAPLES FL 34103-1900

2. Principal Place of Business

3. Mailing Address

Southwest Prop. Mgmt

Southwest Prop Mgmt Corp.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1044 Castello Dr, Suite 206

1044 Castello Dr, Suite 206

City & State
Naples, FL

City & State
Naples, FL

Zip
34103

Country
US

Zip
34103

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0862831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOUTHWEST PROPERTY MGMT CORP.
1044 CARLELLO DR.
STE 206
NAPLES FL 34103

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LYNCH, ROBERT 1708 GULF SHORE BLVD. N. #2 NAPLES FL 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDREWS, ORPAH 839 KATHERINES RIDGE LN COLUMBUS OH 43235	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MATTINA, BARBARA 17098 GULF SHORE BLVD N, #20 NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRESSAN, LILLIAN 1708 GULF SHORE BLVD. N. #19 NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETER GERBOSI 1708 GULF SHORE BOULEVARD NORTH, #10 NAPLES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Sabia, Arthur 1708 Gulf Shore Blvd. N. #17 Naples, FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)