## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 22, 2002 8:00 am Secretary of State **DOCUMENT # N13525** 1. Entity Name CANTERBURY COURT OF NAPLES, INC. 4-22-2002 90104 030 \*\*\*\*61 Principal Place of Business Mailing Address SOUTHWEST PROPERTY MANAGEMENT SOUTHWEST PROPERTY MANAGEMENT t044 CASTELLO DR STET 206 1044 CASTELLO DR STET 206 NAPLES FL 34103 NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0862831 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SOUTHWEST PROPERTY MGMT CORP. 1044 CARLELLO DR. **STE 206** City NAPLES FL 34103 Zip Code 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) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to lake Check Fay Department of State FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE ☐ Change Addition CR2E037 (9/01 NAME GRUENBERG, HANS NAME STREET ADDRESS 1708 GULF SHORE BLVD NO #9 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 ☐ Change TITLE ☐ Delete TITLE Addition O'HARE, PETER NAME NAME STREET ADDRESS 1708 GULF SHORE BLVD NO #18 STREET ADDRESS CITY-ST-ZIP NAPLES FL-34102 -----CITY-ST-ZIP Ж ☐ Change ☐ Delete Addition TITLE TITLE HATTON, CHARLES NAME NAME STREET ADDRESS 1708 GULF SHORE BLVD NO #8 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 ☐ Change ☐ Addition TITLE Delete TITLE anderson, steven L NAME NAME STREET ADDRESS 1044 CASTERNO DR #206 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGN.MY<del>JI</del> SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

<del>lde required</del> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

239-26/--3 //0 Daytime Phone #

Change

☐ Addition