

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000020348

1. Entity Name

CANTERBURY MORTGAGE BANKING, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90002 012 ***150.00

Principal Place of Business

6000 NW 4TH AVE
SUITE 107
BOCA RATON FL 33487
US **CHANGE**

Mailing Address

6000 NW 4TH AVE
SUITE 107
BOCA RATON FL 33487-2924
US **CHANGE**

2. Principal Place of Business

2066 N. OCEAN BLVD.

3. Mailing Address

2066 N. OCEAN BLVD.

Suite, Apt. #, etc

2 NE

Suite, Apt. #, etc

2 NE

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip
33431

Country

USA

Zip
33431

Country

USA

4. FEI Number

65-0475182

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GERSHON, HOLLY G
1489 W. PALMETTO PARK RD
STET. 429
BOCA RATON FL 33486

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
FIELD, MAXWELL J
6000 NW 4TH AVENUE
BOCA RATON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS.
FIELD, MAXWELL J
2066 N. OCEAN BLVD. # 2 NE
BOCA RATON, FL 33431. ☐ Change ☐ Addition

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

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

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Maxwell J. Field

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Apr 3, 2000. (561) 338-8877.

Date

Daytime Phone #

CR2E034 (9/99)