

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000030567

1. Entity Name

CANTERBURY CORPORATION

Principal Place of Business

Mailing Address

10707 CLAY RD
HOUSTON TX 77041
US

P.O. BOX 2863
HOUSTON TX 77252-2863

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3236245

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DOLAN, FRANCIS J	
STREET ADDRESS	1241 SEMORAN BLVD UNIT 185	
CITY-ST-ZIP	CASSELBERRY FL 32701	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	BROEDEL, WAYNE N	
STREET ADDRESS	1241 SEMORAN BLVD UNIT 185	
CITY-ST-ZIP	CASSELBERRY FL 32701	
TITLE	T	<input type="checkbox"/> Delete
NAME	GANGWISCH, EDWARD R	
STREET ADDRESS	1241 SEMORAN BLVD UNIT 185	
CITY-ST-ZIP	CASSELBERRY FL 32701	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	LANE, STEVE E	
STREET ADDRESS	10707 CLAY RD	
CITY-ST-ZIP	HOUSTON TX 77041	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	SLAUGHTER, RICHARD G	
STREET ADDRESS	10707 CLAY RD	
CITY-ST-ZIP	HOUSTON TX 77041	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	FRUEH, GARY L	
STREET ADDRESS	10707 CLAY RD	
CITY-ST-ZIP	HOUSTON TX 77041	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven F. Lane

4/14/00

713/877-2425

Date

Day and Phone #

CR2E034 (9/99)