

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 15, 2001 08:00 AM**
Secretary of State**DOCUMENT # P94000030567**1. Entity Name
CANTERBURY CORPORATIONPrincipal Place of Business
10707 CLAY RD
HOUSTON TX 77041 US
Mailing Address
P.O. BOX 2863
HOUSTON TX 772522. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3236245
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324 US**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 _____ **02/15/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEEMAN WALTER	
STREET ADDRESS	1241 SEMORAN BLVD UNIT 185	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input 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	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANGWISCH EDWARD R	
STREET ADDRESS	1241 SEMORAN BLVD UNIT 185	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROEDEL WAYNE N	
STREET ADDRESS	1241 SEMORAN BLVD UNIT 185	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLAN FRANCIS J	
STREET ADDRESS	1241 SEMORAN BLVD UNIT 185	
CITY-ST-ZIP	CASSELBERRY FL 32707	

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: STEVEN E. LANE

VPAS 02/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)