

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90024 050 ***150.00

DOCUMENT # P94000030567

1. Entity Name
CANTERBURY CORPORATION

Principal Place of Business Mailing Address
10707 CLAY RD **P.O. BOX 2863**
HOUSTON TX 77041 **HOUSTON TX 77252-2863**
US

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 Applied For
59-3236245 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLAN, FRANCIS J	NAME	
STREET ADDRESS	1241 SEMORAN BLVD UNIT 185	STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32701	CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROEDEL, WAYNE N	NAME	
STREET ADDRESS	1241 SEMORAN BLVD UNIT 185	STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32701	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	T/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANGWISCH, EDWARD R	NAME	
STREET ADDRESS	1241 SEMORAN BLVD UNIT 185	STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32701	CITY-ST-ZIP	
TITLE	VPAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, STEVE E	NAME	
STREET ADDRESS	10707 CLAY RD	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77041	CITY-ST-ZIP	
TITLE	VPAS <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAUGHTER, RICHARD G	NAME	
STREET ADDRESS	10707 CLAY RD	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77041	CITY-ST-ZIP	
TITLE	VPAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRUEH, GARY L	NAME	
STREET ADDRESS	10707 CLAY RD	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77041	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: Steven E. Lane 4/14/00 713/877-2425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day and Phone #

CR2E034 (9/99)