

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 819205

1. Entity Name

CIMARRON APARTMENTS, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90226 046 ***150.00

Principal Place of Business

Mailing Address

340 WEDDINGTON-MARVIN ROAD
WEDDINGTON NC 28173

340 WEDDINGTON-MARVIN ROAD
WEDDINGTON NC 28173-8349

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-1097595

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ABERNETHY, BRUCE R., ESQ.
900 VIRGINIA AVE.
SUITE G
FT. PIERCE FL 34950

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 PD ☐ Delete
NAME HOLLAND, R. CALVIN
STREET ADDRESS 340 WEDDINGTON-MARVIN RD
CITY-ST-ZIP WEDDINGTON NC 28173

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

TITLE VD ☐ Delete
NAME HOLLAND, STANLEY
STREET ADDRESS 75 WEST END AVENUE APT. P 32-D
CITY-ST-ZIP NEW YORK NY 10023

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

TITLE SD ☐ Delete
NAME HOLLAND, BETTY M.
STREET ADDRESS 340 WEDDINGTON-MARVIN RD
CITY-ST-ZIP WEDDINGTON NC 28173

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

TITLE VD ☐ Delete
NAME HOLLAND, K. TODD
STREET ADDRESS 121 LAFITTE DRIVE
CITY-ST-ZIP WAVELAND MS 39576

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

TITLE VD ☐ Delete
NAME MOORMAN, DEBRA H
STREET ADDRESS 1908 CAPERS COURT
CITY-ST-ZIP RALEIGH NC 27612

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

TITLE VD ☐ Delete
NAME MOORMAN, THOMAS O
STREET ADDRESS 1908 CAPERS COURT
CITY-ST-ZIP RALEIGH NC 27612

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

R. CALVIN HOLLAND

04-11-00 704-846-1029

CR2E034 (9/99)