

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 31, 2001 8:00 am**  
**Secretary of State**

08-31-2001 90238 005 \*\*\*150.00

0133286 AT

**DOCUMENT # 819205**

1. Entity Name  
**CIMARRON APARTMENTS, INC.**

Principal Place of Business  
**340 WEDDINGTON-MARVIN ROAD**  
**WEDDINGTON NC 28173**

Mailing Address  
**340 WEDDINGTON-MARVIN ROAD**  
**WEDDINGTON NC 28173**

2. Principal Place of Business

3. Mailing Address  
**P.O. Box 78915**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**CHARLOTTE NC**

Zip

Country

Zip  
**28271**

Country

4. FEI Number  
**75-1097595**

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

**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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD**  
**HOLLAND, R. CALVIN**  
**340 WEDDINGTON-MARVIN RD**  
**WEDDINGTON NC 28173**

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

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

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

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

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

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

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition  
**633 WOODS WAY**  
**WAKE FOREST NC 27587**

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition  
**633 WOODS WAY**  
**WAKE FOREST NC 27587**

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 #

CR2E034 (5/01)

08-24-01 704-846-2299



## Holland Companies

Post Office Box <sup>78915</sup>~~22046~~, Charlotte, NC <sup>28271</sup>~~28222~~  
704-846-1029

*Attachment*

*# 819205*

*ADJ 82996*

Development  
Construction  
Management  
Sales

Office Address  
340 Marvin-Weddington Rd.  
Weddington, NC 28173

August 24, 2001

DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

RE: 819205  
CIMARRON APARTMENTS, INC.

Enclosed is our check for \$150.00 in payment of the corporation Uniform Business Report fees for 2001. The original report form has never been received. After a telephone conversation with a member of your staff, he indicated that the enclosed fee, along with this letter, will put us in good standing.

Please notify us if any further action is required on our part.

Yours very truly,

R. CALVIN HOLLAND  
President

RCH/ta

Enclosures