

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90135 034 ***150.00

DOCUMENT # 819205

1. Entity Name
CIMARRON APARTMENTS, INC.



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

Mailing Address
**PO BOX 78915
CHARLOTTE NC 28271**



2. Principal Place of Business
340 REA ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
WAXHAW NC

City & State

4. FEI Number **75-1097595**

Applied For

Not Applicable

Zip
28173

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. 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 **633 WOODS WAY**
CITY-ST-ZIP **WAKE FOREST NC 27587**

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

TITLE **VD** ☐ Delete
NAME **MOORMAN, THOMAS O**
STREET ADDRESS **633 WOODS WAY**
CITY-ST-ZIP **WAKE FOREST NC 27587**

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

12. 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 10 or Block 11 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 (10/02)