

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90132 045 ***150.00

DOCUMENT # 824014

1. Entity Name

CBR DEVELOPMENT CO., INC.

Principal Place of Business

Mailing Address

203 E MAIN ST
SPARTANBURG SC 29319

203 E MAIN ST
P-11-1
SPARTANBURG SC 29319-0001
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 **95-2551231**

Applied For
Not Applied

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 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

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

TITLE	EVSD	<input type="checkbox"/> Delete
NAME	PARISH, RHONDA J.	
STREET ADDRESS	203 E. MAIN ST.	
CITY-ST-ZIP	SPARTANBURG SC 29319	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	BARRETT, ROBERT M	
STREET ADDRESS	203 E. MAIN ST.	
CITY-ST-ZIP	SPARTANBURG SC	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MARCHIOLI, NELSON	
STREET ADDRESS	3333 MICHELSON DR STE 550	
CITY-ST-ZIP	IRVINE CA 92612	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	JONES, KENNETH E	
STREET ADDRESS	203 E MAIN ST	
CITY-ST-ZIP	SPARTANBURG SC 29319	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	NELL, ROSS B.	
STREET ADDRESS	203 E MAIN ST	
CITY-ST-ZIP	SPARTANBURG SC 29319	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	RHINES, JEFFREY M	
STREET ADDRESS	203 E. MAIN ST	
CITY-ST-ZIP	SPARTANBURG SC 29319	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Delete
NAME	John A. Romandetti	
STREET ADDRESS	203 E. Main St.	
CITY-ST-ZIP	SPARTANBURG, SC 29319	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Delete
NAME	Geoffrey J. Christian	
STREET ADDRESS	203 East Main St.	
CITY-ST-ZIP	SPARTANBURG, SC 29319	

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey J. Christian
Asst. Secretary

Date

Daytime Phone #

1/10/00 864/597-8111