

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005806

1. Entity Name

CIMARRON MORTGAGE COMPANY

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90111 047 ***150.00

Principal Place of Business

Mailing Address

460 BRIARWOOD DR
 STE 415
 JACKSON MS 39206
 US

P.O. BOX 12830
 JACKSON MS 39236-2830
 US

LUU00010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6310 I-55 N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400 W

City & State

City & State

Jackson, MS

Zip

Country

Zip

Country

39211

Hinds

4. FEI Number

64-0809254

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

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

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DP
 SALVO, PAUL J
 6225 WATERFORD DR
 JACKSON MS 39211 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DV
 HENLEY, GEORGE T
 115 EASTPOINTE CIR
 MADISON MS 39110 ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 S
 SCOTT, LINDA
 107 CONCORD DR
 CLINTON MS 39056 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DC
 MCREE, MICHAEL T
 1611 DIVINE ST
 JACKSON MS 39202 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 BAILEY, H C JR
 14 E HILL DR
 JACKSON MS 39216 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 GARNETT, GERALD
 263 FOREST LAKE DR
 MADISON MS 39110 ☐ Delete

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

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

Paul J. Salvo

4/26/00

Date

(601) 899-1500

Daytime Phone #

CR2E034 (9/99)