

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000225

1. Entity Name

CENTENNIAL RESIDENT MANAGEMENT CORPORATION, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90019 017 ****61.25

Principal Place of Business

230 EAST 1ST STREET, #102
JACKSONVILLE FL 32206
US

Mailing Address

230 EAST 1ST STREET, #102
JACKSONVILLE FL 32206

2. Principal Place of Business

3. Mailing Address

230 EAST 1ST #1308

Suite, Apt. #, etc.

Suite, Apt. #, etc.

230 E 1st Street #1308

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE, FL

Zip
32206

Country
DUVAL

Zip
32206

Country
DUVAL

4. FEI Number

59-3292688

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

GREEN, ELLA
230 EAST 1ST STREET, #908
JACKSONVILLE FL 32206

Name

Street Address (P.O. Box Number is Not Acceptable)

230 EAST 1ST #1308

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

ELLA GREEN

ELLA GREEN

9-7-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GREEN, ELLA
230 E 1ST ST 1308
JACKSONVILLE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
TROTTER, JOHN
230 E 1ST ST #213
JACKSONVILLE FL 32206 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BALDWIN, MARGARET
230 E 1ST STREET #412
JACKSONVILLE FL 32206 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FS
HOLMES, RUBY
230 E 1ST #1208
JACKSONVILLE FL 32206 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
HOLMES, WILLIE A
230 E 1ST STREET #503
JACKSONVILLE FL 32206 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
ROBERTS, DOROTHY
230 E 1ST ST
JACKSONVILLE FL 32206 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RETHA JACKSON
230 EAST 1ST #409
JACKSONVILLE FL 32206 ☐ Change ☐ Addition

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 617, 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

ELLA GREEN 7/21/00 904-3532362

Date

Daytime Phone #

CR2E037 (5/00)