

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N95000000025** (4)

1. Entity Name

**Centennial Resident Management Corporation, Inc.**

Principal Place of Business

Mailing Address

**230 East 1st Street #412  
Jacksonville, Florida 32206**

2. Principal Place of Business

**Same As Above**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

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

**Ella Green  
230 East 1st Street, #1308  
Jacksonville, FL 32206**

Name **Margaret Baldwin**

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

**230 East 1st Street #412**

City **Jacksonville**

FL

Zip Code **32206**

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 **Margaret Baldwin**

DATE **7/19/2001**

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW

FEE IS \$61.25

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

☐ Delete

TITLE **President**  
NAME **Margaret Baldwin**  
STREET ADDRESS **230 E 1st St #412**  
CITY-ST-ZIP **Jax, FL 32206**

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TITLE **Vice President**  
NAME **Willie Ann Palmer**  
STREET ADDRESS **230 East First St #503 Jax FL 32209**  
CITY-ST-ZIP

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TITLE **Treasurer**  
NAME **Ruby Holmes**  
STREET ADDRESS **230 East 1st St #1208**  
CITY-ST-ZIP **Jacksonville Fla 32206**

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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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: **Margaret Baldwin**

DATE **7/19/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

APPROVED

09-06-2001 90263 040

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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**mw**