

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004599

1. Entity Name

CENTENNIAL TOWNHOUSE EAST RESIDENT MANAGEMENT CO

Principal Place of Business

961 NORTH LIBERTY STREET
JACKSONVILLE FL 32206

Mailing Address

C/O VICKEY MURPHY
1015 NORTH LIBERTY STREET
JACKSONVILLE FL 32206

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

59-3648485

APPLIED FOR

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

MURPHY, VICKEY
1015 NORTH LIBERTY STREET
JACKSONVILLE FL 32206

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HENDERSON, PRINCEEN
1047 NORTH LIBERTY STREET
JACKSONVILLE FL 32206

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
MURPHY, VICKEY W
1015 NORTH LIBERTY STREET
JACKSONVILLE FL 32206

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
SMITH, MABELINE
1041 NORTH LIBERTY STREET
JACKSONVILLE FL 32206

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ENNETT, TERESA
1017 N. LIBERTY ST
JACKSONVILLE FL 32206

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary / D
Mae Frances Swinton
977 N. Liberty Street
Jacksonville, FL 32206
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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: Vickey W. Murphy (Vickey W. Murphy)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 30, 2001 (904) 353-7338

Date Daytime Phone #

CR2E037 (10/00)

0010921

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90381 050 ****61.25

620501



DO NOT WRITE IN THIS SPACE