

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004599

1. Entity Name

**CENTENNIAL TOWNHOUSE EAST RESIDENT MANAGEMENT CO  
RPORATION**

Principal Place of Business

Mailing Address

**961 NORTH LIBERTY STREET  
JACKSONVILLE FL 32206**

**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

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

TITLE **PD** ☒ Change ☐ Addition  
NAME **MURPHY, VICKEY W.**  
STREET ADDRESS **1015 N. Liberty Street**  
CITY-ST-ZIP **Jacksonville, FL 32206**

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

TITLE **VPD** ☒ Change ☐ Addition  
NAME **HENDERSON, PRINCEEN**  
STREET ADDRESS **1047 N. Liberty Street**  
CITY-ST-ZIP **Jacksonville, FL 32206**

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

TITLE **TD** ☒ Change ☐ Addition  
NAME **SWINTON, MAE FRANCIS**  
STREET ADDRESS **977 N. Liberty Street**  
CITY-ST-ZIP **Jacksonville, FL 32206**

TITLE **SD** ☐ Delete  
NAME **SWINTON, MAE FRANCES**  
STREET ADDRESS **977 N LIBERTY STREET**  
CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE **SD** ☐ Change ☒ Addition  
NAME **JACKSON, CRYSTAL**  
STREET ADDRESS **985 N. Liberty Street**  
CITY-ST-ZIP **Jacksonville, FL 32206**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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*  
President

4-10-02

(904) 353-1338

CR2E037 (9/01)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90011 001 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE