

Fill in this information to identify the case:

Debtor 1 <u>CB Theater Experience LLC</u>
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court <u>Southern District of Florida</u>
Case number: <u>20-14699</u>

FILED
 U.S. Bankruptcy Court
 Southern District of Florida
 8/6/2020
 Joseph Falzone, Clerk

**Official Form 410
 Proof of Claim**

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Wake County Tax Administration</u>	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<u>Wake County Tax Administration</u>	_____
	Name	Name
	<u>P O Box 2331 Raleigh, NC 27602</u>	
	Contact phone <u>919-856-5400</u>	Contact phone _____
	Contact email <u>taxhelp@wakegov.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 2954

7. How much is the claim? \$ 11053.54 Does this amount include interest or other charges? No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as healthcare information.
Wake County tax Administration property taxes & gross receipts b & W

9. Is all or part of the claim secured? No Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. <i>Check all that apply.</i>	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input type="checkbox"/> Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
	<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ 11053.54
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
* Amounts are subject to adjustment on 4/1/22 and every 3 years after that for cases begun on or after the date of adjustment.		

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 8/6/2020
MM / DD / YYYY

/s/ Yevone C. Barbour

Signature

Print the name of the person who is completing and signing this claim:

Name Yevone C. Barbour

First name Middle name Last name

Title Tax Agent

Company Wake County Tax Administration

Identify the corporate servicer as the company if the authorized agent is a servicer

Address 301 S. McDowell St Ste 3800

Number Street

Raleigh, NC 27601

City State ZIP Code

Contact phone 919-856-5400 Email taxhelp@wakegov.com



Tax Administration

TEL 919 856 5400
FAX 919 856 7128

Property Assessments & Collections
Wake County Justice Center
301 S. McDowell Street, Suite 3800
P.O. BOX 2331 Raleigh, NC 27602
www.wakegov.com/tax

DUPLICATE STATEMENT
08/06/20 13:01 BY BANKRUPTYB

CB THEATER EXPERIENCE LLC
2000B SOUTHBRIDGE PKWY STE 100
BIRMINGHAM AL 35209-7723

Account Number	Tax Year/Year For	Bill Type	Bill Date	Due Date	Interest Begins
0006842954	2019/2019	000000	07/19/2019	09/01/2019	01/07/2020

Description: BUSINESS PROPERTY **Class:** 1 **Plate Expiration:**
Physical Location: 525 NEW WAVERLY PL 101, CARY 27518-1607 **Acres:** **Vin Number:**
Municipality: CARY **PIN #:** **Months Billed:**
Fire District: **REID:** 0168430
Special District: **Recycle Units:**

Assessed Value	Orig	Adj	Tax Rate	Taxing Unit	Amt Billed	Adj Billed	Payment Allocation
Real	0.00		0.3500	Cary	4,676.44	0.00	Cary 4,642.31
Deferred				Special District	0.00	0.00	Special District 0.00
Use	0.00			Late List Penalty	0.00	0.00	Late List Penalty 0.00
Personal	1,336,125.00			Vehicle Fee	0.00	0.00	Vehicle Fee 0.00
Exclusion	0.00			Total Cary	4,676.44	0.00	City Interest 127.66
Total Value	1,336,125.00			Wake County	9,629.45	0.00	Wake County 9,559.16
			0.7207	Fire District	0.00	0.00	Fire District 0.00
				Special District	0.00	0.00	Special District 0.00
				Late List Penalty	0.00	0.00	Late List Penalty 0.00
				Recycle Fee	0.00	0.00	Recycle Fee 0.00
				Total Wake County	9,629.45	0.00	County Interest 262.88
				Total Billed	14,305.89	0.00	Costs 0.00
							Total Paid 14,592.01

Account Status: Bankruptcy

Principal Due 104.42
Interest Due 7.57
Costs 0.00
Total Due 111.99

Interest will continue to be added on the first business day of each month



Tax Administration

TEL 919 856 5400
FAX 919 856 7128

Property Assessments & Collections
Wake County Justice Center
301 S. McDowell Street, Suite 3800
P.O. BOX 2331 Raleigh, NC 27602
www.wakegov.com/tax

DUPLICATE STATEMENT
08/06/20 13:02 BY BANKRUPTYB

CB THEATER EXPERIENCE LLC
2000B SOUTHBRIDGE PKWY STE 100
BIRMINGHAM AL 35209-7723

Account Number	Tax Year/Year For	Bill Type	Bill Date	Due Date	Interest Begins
0006842954	2020/2020	000000	07/17/2020	09/01/2020	01/06/2021
Description: BUSINESS PROPERTY Class: 1 Plate Expiration: Physical Location: 525 NEW WAVERLY PL 101, CARY 27518-1607 Acres: Vin Number: Municipality: CARY PIN #: [REDACTED] Months Billed: Fire District: REID: 0168430 Special District: Recycle Units:					

Assessed Value	Orig	Adj	Tax Rate	Taxing Unit	Amt Billed	Adj Billed	Payment Allocation
Real	0.00		0.3500	Cary	4,008.07	0.00	Cary 0.00
Deferred				Special District	0.00	0.00	Special District 0.00
Use	0.00			Late List Penalty	0.00	0.00	Late List Penalty 0.00
Personal	1,145,163.00			Vehicle Fee	0.00	0.00	Vehicle Fee 0.00
Exclusion	0.00			Total Cary	4,008.07	0.00	City Interest 0.00
Total Value	1,145,163.00			Wake County			Wake County 0.00
			0.6000	Wake County	6,870.98	0.00	Fire District 0.00
				Fire District	0.00	0.00	Special District 0.00
				Special District	0.00	0.00	Late List Penalty 0.00
				Late List Penalty	0.00	0.00	Recycle Fee 0.00
				Recycle Fee	0.00	0.00	County Interest 0.00
				Total Wake County	6,870.98	0.00	Costs 0.00
				Total Billed	10,879.05	0.00	Total Paid 0.00

Account Status: Bankruptcy

Principal Due	10,879.05
Interest Due	0.00
Costs	0.00
Total Due	10,879.05

If Paid By 1/5/2021 Pay \$10,879.05

ACCOUNT: **BW 22872**

**CB THEATER EXPERIENCE LLC
dba CINEBISTRO @ WAVERLY PLACE**

SUMMARY COUPON WORKSHEET

8/6/2020

BW Year	Due Date	On-premises malt beverage (Beer)	On-premises unfortified Wine	If paid anytime before August 31, 2020 per license	If paid anytime after August 31, 2020 per license	BALANCE DUE	TOTAL REMITTED
20/21	4/30/2020	\$25.00	\$25.00	\$0.00	\$12.50	\$62.50	\$0.00
		\$25.00	\$25.00	\$0.00	\$12.50	\$62.50	\$0.00
						AMOUNT DUE	\$62.50
							\$62.50
CB THEATER EXPERIENCE LLC					8/6/2020 FD		
dba: CINEBISTRO @ WAVERLY PLACE							
Case# 20-14699-LMI							
Filed 4/26/2020							
Bankruptcy - Chapter 11							