

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90182 046 ***150.00

DOCUMENT # 501562

1. Entity Name

POLO REALTY, INC.

Principal Place of Business

Mailing Address

**18000 JOG RD.
BOCA RATON FL 33496
US**

**18000 JOG RD.
BOCA RATON FL 33496-3101
US**

A0006855



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **73-1011327**

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

**DE MENDOZA, MARIO G III, ESQ
251 ROYAL PALM WAY, SIXTH FLOOR
PALM BEACH FL 33480**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Delete
NAME	OXLEY, THOMAS E.	
STREET ADDRESS	11798 GREYSTONE DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	RAINS, THOMAS E.	
STREET ADDRESS	1300 WILLIAMS CNTR TOWER	
CITY-ST-ZIP	TULSA OK	
TITLE	AT	<input type="checkbox"/> Delete
NAME	WHITE, COLLEEN	
STREET ADDRESS	1305 WILLIAMS CTR TOWER	
CITY-ST-ZIP	TULSA OK	
TITLE	VP	<input type="checkbox"/> Delete
NAME	OXLEY, JOHN C	
STREET ADDRESS	1300 WILLIAMS CENTER TWR.	
CITY-ST-ZIP	TULSA OK	
TITLE	S	<input type="checkbox"/> Delete
NAME	PIERCE, MICHEAL W	
STREET ADDRESS	801 B PHILTOWER BLDG	
CITY-ST-ZIP	TULSA OK 74103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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
Thomas E. Rains

1/10/00

Date

(918) 584-1978

Daytime Phone #

CR2E034 (9/99)