

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 837099

1. Entity Name

ORAL ROBERTS UNIVERSITY, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90146 044 ****61.25

Principal Place of Business

Mailing Address

ATTN: RESTRICTED ACCOUNTING
7777 S. LEWIS AVE
TULSA OK 74171

ATTN: RESTRICTED ACCOUNTING
7777 S. LEWIS AVE
TULSA OK 74171-0003

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

73-0739626

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

STERN, RANDY
220 S. FRANKLIN
TAMPA FL 33602

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

TITLE	CD	☐ Delete
NAME	ROBERTS, ORAL	
STREET ADDRESS	7777 SOUTH LEWIS	
CITY-ST-ZIP	TULSA OK 74171	
TITLE	T	☐ Delete
NAME	ANDERSON, F. H	
STREET ADDRESS	7777 SOUTH LEWIS	
CITY-ST-ZIP	TULSA OK	
TITLE	CD	☐ Delete
NAME	HICKEY, MARILYN	
STREET ADDRESS	445 S PRATTE RIVER DR	
CITY-ST-ZIP	DENVER CO	
TITLE	S	☐ Delete
NAME	ELLSWORTH, DAVID J	
STREET ADDRESS	7777 SOUTH LEWIS	
CITY-ST-ZIP	TULSA OK 74171	
TITLE	PD	☐ Delete
NAME	ROBERTS, RICHARD	
STREET ADDRESS	7777 SOUTH LEWIS	
CITY-ST-ZIP	TULSA OK 74171	
TITLE	V	☐ Delete
NAME	FISHER, GEORGE	
STREET ADDRESS	7777 SOUTH LEWIS	
CITY-ST-ZIP	TULSA OK	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

NOTAR PUBLIC REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frederick H. Anderson

Date

Daytime Phone #

4-10-00

CR2E037 (9/99)