

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90155 032 ***150.00

DOCUMENT # F93000003562

1. Entity Name
AMERIBAN INC.

Principal Place of Business Mailing Address
6566 E. SKELLY DRIVE **6566 E. SKELLY DRIVE**
TULSA OK 74155 **TULSA OK 74155**

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 **73-1305373** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FRAZIER, JULIE
5600 "B" AIRPORT BLVD
TAMPA FL 33634

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	CP	<input type="checkbox"/> Delete
NAME	FELLERS, FRANK JR	
STREET ADDRESS	3103 S. ROCKFORD	
CITY-ST-ZIP	TULSA OK 74105	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SMITH, DOUG	
STREET ADDRESS	12006 E. 85TH PLACE NORTH	
CITY-ST-ZIP	OWASSO OK 74055	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SMITH, DOUG	
STREET ADDRESS	12006 EAST 85TH PLACE NORTH	
CITY-ST-ZIP	OWASSO OK 74055	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROPHY, TOM	
STREET ADDRESS	7932 E. 60TH STREET	
CITY-ST-ZIP	TULSA OK 74145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6566 E SKELLY DRIVE
CITY-ST-ZIP	TULSA OK 74145
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S LORI FELLERS
STREET ADDRESS	6566 E SKELLY DRIVE
CITY-ST-ZIP	TULSA OK 74145
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	
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: Donald G Hardy **DONALD G HARDY** 1/15/01 918-621-4412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)