

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005297

1. Entity Name

G.S. OF FORT MYERS, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90017 019 ***150.00

Principal Place of Business

1300 METROPOLITAN
OKLAHOMA CITY OK 73108

Mailing Address

1300 METROPOLITAN
OKLAHOMA CITY OK 73108-2042

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 73-1431163

Applied For

Not Applicable

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

A0018432



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NICHOLS, JIM
35426 US 19 NORTH
175
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name Stacy Fore

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

Stacy Fore

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/2000

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
COUNTS, JACK E JR
1300 METROPOLITAN
OKLAHOMA CITY OK ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
HARDAWAY, KYP
1300 METROPOLITAN
OKLA CITY OK 73108 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CHILTON, MICHELLE G
1300 METROPOLITAN
OKLAHOMA CITY OK 73108 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michelle S. Chilton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/2000 (405) 447-874

Date

Daytime Phone #