2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9400006439 1. Entity Name

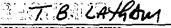
GBR PROPERTIES, INC.

FILED Jan 25, 2000 8:00 am Secretary of State 01-25-2000 90128 046 ***150.00

Zip Country Zip Country 5. Certificate of Status Desired Status Desired See Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LATHAM, TOBIAS B JR See KINGSLEY AVE. ORANGE PARK FL 32073 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 9. This corporation is eligible to satisfy its Intempible Rawfilling requirement and elects to do so. (See orteria on back) After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN NAME LATHAM, TOBIAS B III STRET ADDRESS CITY-ST-2P 17. SIRET ADDRESS CITY-ST-2P 17. Change Change 17. Name and Address of New Registered Agent Name SIRET ADDRESS CITY-ST-2P 17. Clarge 17. Name and Address of New Registered Agent Name Name SIRET ADDRESS CITY-ST-2P 17. Clarge 17. Name and Address of New Registered Agent Name Name Name SIRET ADDRESS CITY-ST-2P 17. Clarge 17. Name and Address of New Registered Agent Name	}				01 23 2000 30128 0 10	150.00
SUITE 200 TULSA OK 74133 TULSA OK 74133-1766 2. Principal Place of Business Suite Apt. #, etc. Suite, Apt. #, etc. City & State City &	Principal Place of Business Mailing Address					
Sulte, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. Do Not Writt's In Trills SPACE	SUITE 260 TULSA OK 74133		SUITE 260 TULSA OK 74133-1766			
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Size Country Zip Country Size			City & State		4. FEI Number 73-1303802	Applied For
LATHAM, TOBIAS B JR S65 KINGSLEY AVE. ORANGE PARK PL 32073 City 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, hypoid or privided name of registered agent and title 4 application. (NOTE: Registered Agent signature required when reinstations) DATE 9. This corporation is eligible to satisfy its Intangible Tark filing requirement and elects to do so. (See criteria on back) TILE MAKE LATHAM, TOBIAS B III STREET ADDRESS CITY-S1-ZIP Delete TILE NAME STREET ADDRESS CITY-S1-ZIP TULSA OK 74136 Delete TILE NAME STREET ADDRESS CITY-S1-ZIP TILE TIL	Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional
LATHAM, TOBIAS B JR 565 KINGSLEY AVE. ORANGE PARK FL 32073 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. Signature Tax filing requirement and elects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN INTEL CITY-ST-ZIP TILE VSD NAME SIRRET ADDRESS CITY-ST-ZIP TILE VSD RICHARDSON, RUSSELL A SIRRET ADDRESS CITY-ST-ZIP TILE NAME SIRRET A		6. Name and Address of Current	Registered Agent	'	7. Name and Address of New Register	ed Agent
LATHAM, TOBIAS B JR 565 KINGSLEY AVE. ORANGE PARK FL 32073 City 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, typics or printed name of registered agent and titler if applicable. NOTE: Registered Agent signature required when reinstancy) P. This corporation is elligible to satisfy its Initiangible if applicable. After MAY 1, 2000 Fee will be \$55.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE SIRRET ADDRESS CITY-ST-2P TITLE VSD ITILE NAME SIRRET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME SIRRET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE Delete TITLE SIRRET ADDRESS CITY-ST-2P TITLE CITY-ST-2P TITLE CITY-ST-2P TITLE CITY-ST-2P TITLE CITY-ST-2P			- 	Name	-	
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SIGNATURE Signature, typed or printed name of registered agent and site of applicable. (NOTE: Registered Agent signature required when reinstating) Prints corporation is elligible to satisfy its Initiangible After MAY 1, 2000 Fee will be \$550.00		TOLE TOUR SECTION		City		Zip Code
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Added to F Trust Fund Contribution. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILE MAME LATHAM, TOBIAS B III STREET ADDRESS CITY-ST-ZIP 11. STREET ADDRESS CITY-ST-ZIP 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Added to F Trust Fund Contribution. 13. Election Campaign Financing Trust Fund Contribution. 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Added to F Trust Fund Contribution. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN AMME STREET ADDRESS CITY-ST-ZIP 16. Election Campaign Financing Trust Fund Contribution. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN AMME STREET ADDRESS CITY-ST-ZIP 17. LE 17. STREET ADDRESS CITY-ST-ZIP 17. LE 17. STREET ADDRESS CITY-ST-ZIP 17. LE	SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature requ	ired when reinstating) DA	TE
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STREET ADDRESS CITY-ST-ZIP 13. Lhereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.	CITY-ST-ZIP	partify that the information cumplied with	n this filling does not qualify fo	CITY-ST-ZIP	Section 119 07/2V(i) Florida Statutas 1 further	cartify 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.





918-493-2525