

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004815

1. Entity Name

CENTURY MANAGEMENT COMPANY

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90034 020 \*\*\*150.00

Principal Place of Business

Mailing Address

100 N. W. 63RD STREET, SUITE 305  
OKLAHOMA CITY OK 73116

100 N. W. 63RD STREET, SUITE 305  
OKLAHOMA CITY OK 73116-8250

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

73-1127848

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 ☐ Delete  
NAME CD  
STREET ADDRESS HALL, KIRKLAND  
CITY-ST-ZIP 123 S. HUDSON  
OKLAHOMA CITY OK 73102

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DEARMON, T A  
CITY-ST-ZIP 100 N. W. 63RD STREET, SUITE 305  
OKLAHOMA CITY OK 73116

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

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS POTTER, DEAN M  
CITY-ST-ZIP 100 N. W. 63RD STREET, SUITE 305  
OKLAHOMA CITY OK 73116

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS DECAMP, VINETTA L  
CITY-ST-ZIP 100 N. W. 63RD STREET, SUITE 305  
OKLAHOMA CITY OK 73116

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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS STRONG, DON S  
CITY-ST-ZIP 100 N. W. 63RD STREET, SUITE 305  
OKLAHOMA CITY OK 73116

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

TITLE ☐ Delete  
NAME AS  
STREET ADDRESS SCOTT, JOLENE  
CITY-ST-ZIP 100 N. W. 63RD STREET, SUITE 305  
OKLAHOMA CITY OK 73116

TITLE ☐ Change ☐ 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:

*Vinetta DeCamp*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-00

Date

888-810-0881

Daytime Phone #

CR2E034 (9/99)