

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003673

1. Entity Name

ROBERTS/SCHORNICK & ASSOCIATES, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90021 029 ***150.00

Principal Place of Business

Mailing Address

3700 W ROBINSON, STE 200
NORMAN OK 73702

3700 W ROBINSON, STE 200
NORMAN OK 73072-3639

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

73-1286492

Applied For

Not Applicable

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

WIEDEMAN, GARY
1850 COLONIAL DRIVE
GREEN COVE SPRINGS FL 32042

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 VS. ☒ Delete
NAME SCHORNICK, H M
STREET ADDRESS 4000 INNSBROOK CT
CITY-ST-ZIP NORMAN OK

TITLE Vice President ☐ Change ☒ Addition
NAME Michael D. Wright
STREET ADDRESS 3704 W. Urbana
CITY-ST-ZIP Broken Arrow OK 74012

TITLE PT ☐ Delete
NAME ROBERTS, HERSCHEL J
STREET ADDRESS 1107 MANOR DR
CITY-ST-ZIP NORMAN OK

TITLE Secretary ☐ Change ☒ Addition
NAME Betsy M. Pain
STREET ADDRESS 4625 Timberidge Circle
CITY-ST-ZIP Norman OK 73072

TITLE CD ☐ Delete
NAME BENHAM III, WEBSTER L
STREET ADDRESS 1514 CIRCLE GLEN
CITY-ST-ZIP EDMOND OK

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

TITLE D ☐ Delete
NAME ALLISON, WILLIAM E
STREET ADDRESS 2612 TAHOE DRIVE
CITY-ST-ZIP EDMOND OK

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

TITLE D ☐ Delete
NAME ROACH, LARRY W
STREET ADDRESS 12223 S. VILLA
CITY-ST-ZIP OKLAHOMA CITY OK

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

TITLE D ☐ Delete
NAME SMITH, BERT J
STREET ADDRESS 711 N.W. 36TH ST.
CITY-ST-ZIP NORMAN OK

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:

Betsy M. Pain, Corporate Secretary 4/17/00 (405) 321-3895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #