

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H03536

1. Entity Name

ACCORD HUMAN RESOURCES OF FLORIDA III, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90031 036 ***150.00

Principal Place of Business

Mailing Address

410 WARE BLVD
SUITE 716
TAMPA FL 33619

410 WARE BLVD
SUITE 716
TAMPA FL 33619-4456

2. Principal Place of Business

3. Mailing Address

210 PARK AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1200

City & State

City & State

OKLAHOMA CITY, OK

Zip

Country

Zip

Country

73102

USA

4. FEI Number

59-2410898

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

JONES, JOHN L
410 WARE BLVD
SUITE 716
TAMPA FL 33619

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 PSTD ☐ Delete
NAME JONES, JOHN L
STREET ADDRESS 410 WARE BLVD., STE. 716
CITY-ST-ZIP TAMPA FL 33619

TITLE D ☐ Change ☒ Addition
NAME PETER J. CIVELLO
STREET ADDRESS 6203 STONE ARABIA ROAD
CITY-ST-ZIP CICERO, NY 13039

TITLE CEO ☐ Delete
NAME HAGEMAN, DALE
STREET ADDRESS 210 PARK AVE., STE. 1200
CITY-ST-ZIP OKLAHOMA CITY OK 73102

TITLE D ☐ Change ☒ Addition
NAME FORD C. PRICE, JR.
STREET ADDRESS 210 PARK AVE., STE 1200
CITY-ST-ZIP OKLAHOMA CITY, OK 73102

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ASST. SECRETARY ☐ Change ☒ Addition
NAME SHERRI KRITTENBRINK
STREET ADDRESS 210 PARK AVE., STE. 1200
CITY-ST-ZIP OKLAHOMA CITY, OK 73102

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHERRI KRITTENBRINK

Date

03/29/00

Daytime Phone #

(405) 232-9888

CR2E034 (9/99)