

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
 04-03-2001 90012 004 ***150.00

002722

DOCUMENT # L74959

1. Entity Name
G.S. OF ORLANDO, INC.

Principal Place of Business
**4927 ARDEN FOREST WAY
 TALLAHASSEE FL 32308**

Mailing Address
**4927 ARDEN FOREST WAY
 TALLAHASSEE FL 32308**

2. Principal Place of Business
8001 S. Orange Blossom Trail

3. Mailing Address
8001 S. Orange Blossom Trail

Suite, Apt. #, etc.
#552

Suite, Apt. #, etc.
#552

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32809

Country

Zip
32809

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3005041**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KNIGHT, ROBERT G.
 4927 ARDEN FOREST WAY
 TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name **Stacy Fore**
 Street Address (P.O. Box Number is Not Acceptable)
8001 S. Orange Blossom Trail #552
 City **Orlando** **FL** Zip Code **32809**

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

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, 2001 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	T HARDAWAY, KYP 1300 METROPOLITAN OKLAHOMA CITY OK	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUNTS, JACK E., JR. 1300 METROPOLITAN AVE OKLAHOMA CITY OK	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHILTON, MICHELLE S 1300 METROPOLITAN OKLAHOMA CITY OK	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michelle S. Chilton, VP*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/01
 Date

Daytime Phone #

CR2E034 (10/00)