

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M940000000004

1. Entity Name

SOUTH FLORIDA PROPERTIES OF S.W. FLORIDA, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 25 AM 11:02

Principal Place of Business

1705 NATIONAL BOULEVARD
MIDWEST CITY OK 73110

Mailing Address

1705 NATIONAL BOULEVARD
MIDWEST CITY OK 73110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

73-1435928

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOOREY, THOMAS E

1430 ROYAL PALM SQUARE BLVD., SUITE 105
FORT MYERS FL 33919

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
T-REX INVESTMENTS LIMITED LIABILITY COMP.
1705 NATIONAL BOULEVARD
MIDWEST CITY OK 73110 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
D'ALESSANDRO, FRANK
8801 COLLEGE PARKWAY, SUITE 1
FORT MYERS FL 33919 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
D'ALESSANDRO
13131 UNIVERSITY DRIVE
FORT MYERS, FLORIDA 33907 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FOSTER, GLENN A JR.
613 245H AVE., S.W.
NORMAN OK 73069 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FOSTER, GLENN A., JR.
1907 RIVERSIDE DRIVE
NORMAN, OK 73072 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200003408402-81
-09/28/00-01091--020
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

9-12-00

Date

405-447-6676

Daytime Phone #

CR2E083 (5/00)