

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M94000000004

1. Entity Name
SOUTH FLORIDA PROPERTIES OF S.W. FLORIDA, L.C.

Principal Place of Business
1705 NATIONAL BOULEVARD
MIDWEST CITY OK 73110

Mailing Address
1705 NATIONAL BOULEVARD
MIDWEST CITY OK 73110

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 73-1435928

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 / MEMBERS

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
100003746281--8
-02/21/01--01117--001

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
D'ALESSANDRO, FRANK
13131 UNIVERSITY DRIVE
FORT MYERS FL 33907 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
****172.50 ****50.00

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

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

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: GLENN A FOSTER JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-29-01 405/341-7797

CR2E083 (11/00)

0030884 AB

FILED

01 FEB -5 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

