

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000504

1. Entity Name

APPROVED
AND
FILED

00 MAY -5 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

GAS Supply, L.L.C.
One Williams Ctr.
TULSA, OK 74172

2. Principal Place of Business

3. Mailing Address

GAS Supply, LLC
Suite, Apt. #, etc.
One Williams Ctr
City & State
TULSA, OK

GAS Supply, LLC
Suite, Apt. #, etc.
One Williams Ctr
City & State
TULSA, OK

DO NOT WRITE IN THIS SPACE

Zip
74172

Country
USA

Zip
74172

Country
USA

4. FEI Number

73-1513316

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION System
1200 South Pine Island Rd
PLANTATION FL 33324

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
MAPCO, INC.
One Williams Ctr
TULSA, OK 74172

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10.

ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

700003273567--5

-06/01/00--01058001 Addition

*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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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:

Shannah Ghees

Shawna L. Ghees

Date

4/18/00

Daytime Phone #

918-573-4221

CR2E083 (11/99)