

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001703

1. Entity Name
PLANTATION HOLDING, L.L.C.

FILED

00 JAN 24 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
15 EAST 5TH STREET, SUITE 2700
TULSA OK 74103

Mailing Address
15 EAST 5TH STREET, SUITE 2700
TULSA OK 74103-4334



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
73-1574297

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

MURDOCH, ROBERT E
C/O JOHNSON, ANSELMO, MURDOCH, BURKE & GEO
790 EAST BROWARD BLVD., SUITE 400
FT. LAUDERDALE FL 33301

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 MGRM
STREET ADDRESS SOUTHPORT HOLDING CORP.
CITY- ST- ZIP 15 EAST 5TH STREET, SUITE 2700
TULSA OK 74103 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 700003118457-8
CITY- ST- ZIP -02/01/00--01068--023
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

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 REQUIRED

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

1-11-00

Date

918-583-0938

Daytime Phone #