

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003194

1. Entity Name

DESTROYER ESCORT HISTORICAL FOUNDATION, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90034 005 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1810 PINE AVE. 1810 PINE AVE.
WEATHERFORD OK 73096 WEATHERFORD OK 73096-2740
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0424749

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 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 ROAD
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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME PT
STREET ADDRESS SAYLOR, SAMUEL L.
CITY-ST-ZIP 1810 PINE AVE.
WEATHERFORD OK

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 73096-2740

TITLE ☐ Delete
NAME T
STREET ADDRESS WINDLE, RAYMOND
CITY-ST-ZIP 2204 PLANTATION LN
PLANO TX 75093

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 75093-4220

TITLE ☐ Delete
NAME VT
STREET ADDRESS DAVIS, MARTIN DR.
CITY-ST-ZIP 15 GROUSE LANE
HUNTINGTON NY

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 11743-1028

TITLE ☐ Delete
NAME T
STREET ADDRESS MC RORIE, JOHNSON
CITY-ST-ZIP 1111 MARTHA DR
MONROE NC 28112

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

TITLE ☐ Delete
NAME T
STREET ADDRESS COSGROVE, JOHN P.
CITY-ST-ZIP 926 NATIONAL PRESS BUILDING
WASHINGTON DC

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1124 NATIONAL PRESS BUILDING
CITY-ST-ZIP - 20045

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SAYLOR, SAMUEL L. SAYLOR

1-13-00 680-774-2842

Date

Daytime Phone #

CR2E037 (9/99)