

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90192 014 ****61.25

DOCUMENT # N94000006249

1. Entity Name

VIRGINIA GAYLORD NEELY CHARITABLE FOUNDATION, IN

Principal Place of Business

% BRUCE BERKINSHAW
 765 SEAGATE DRIVE
 NAPLES FL 34103

Mailing Address

C/O BP&S
~~501 W. 144, SUITE 300~~
 OKLAHOMA CITY OK 73110

2. Principal Place of Business

3. Mailing Address

C/O BP&S, 3325 FRENCH PARK DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1

City & State

City & State

EDMOND, OK

Zip

Country

Zip

Country

34103

73034

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERKINSHAW, BRUCE
 % U.S. TRUST COMPANY OF FLORIDA, S.B.
 765 SEAGATE DR.
 NAPLES FL 34103

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

34103

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 D ☐ Delete
 NAME BERGLUND, JANICE S
 STREET ADDRESS P.O. BOX 307 (N/A)
 CITY-ST-ZIP CASHIERS NC 28717

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

TITLE D ☐ Delete
 NAME NEELY, JACK H
 STREET ADDRESS 401 S. BOSTON AVE., STE. 2350
 CITY-ST-ZIP TULSA OK 74103

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

TITLE D ☐ Delete
 NAME NEELY, PAUL
 STREET ADDRESS P.O. BOX 951 (N/A)
 CITY-ST-ZIP CHATTANOOGA TN 37401

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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: X

SIGNATURE REQUIRED

5-1-01 828.743-2467

CR2E037 (10/00)