

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P28812**

1. Entity Name

G.S. OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

**1300 METROPOLITAN
OKLAHOMA CITY OK 73108****1300 METROPOLITAN
OKLAHOMA CITY OK 73108-2042**

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

73-1354309

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**711504**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**OLNEY, FRANK X., JR.
3010 OAKTREE LN
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **OLNEY, FRANK X., JR.**
STREET ADDRESS **3010 OAK TREE LN**
CITY-ST-ZIP **HOLLY WOOD FL**TITLE **SD** ☐ Delete
NAME **COUNTS, JACK E., JR.**
STREET ADDRESS **1300 METROPOLITAN**
CITY-ST-ZIP **OKLAHOMA CITY OK**TITLE **V** ☐ Delete
NAME **CHILTON, MICHELLE S.**
STREET ADDRESS **1300 METROPOLITAN AVE.**
CITY-ST-ZIP **OKL OK**TITLE **D** ☐ Delete
NAME **HARDAWY, KYP**
STREET ADDRESS **1300 MATROPOLITAN**
CITY-ST-ZIP **OKLAHOMA CITY OK 73108**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Delete
NAME
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CITY-ST-ZIPTITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michelle S. Chilton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/00 (405) 942-8741