

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**  
 05-24-2001 90321 004 \*\*\*150.00

DOCUMENT # **P95000039022**

1. Entity Name  
**Oklahoma City Trust No 2, Inc.**

Principal Place of Business  
**250 Valencia Avenue**  
**Coral Gables, FL 33134**

Mailing Address  
**250 Valencia Ave**  
**Coral Gables, FL 33134**

Principal Place of Business  
**1828-B N University Dr**

Mailing Address  
**1828-B N University Dr.**

City & State  
**Plantation FL**

City & State  
**Plantation FL**

Zip  
**33322**

Country  
**USA**

Zip  
**33322**

Country  
**USA**

**553243**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-073894A**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**Miller, George**  
**250 Valencia Ave**  
**Coral Gables, FL 33134-2525**

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. (NOT: 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!**  
**After MAY 1, 2001 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	<b>DPT</b>	<input type="checkbox"/> Delete
NAME	<b>Miller, George</b>	
STREET ADDRESS	<b>250 Valencia Avenue</b>	
CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>	
TITLE		<input type="checkbox"/> Delete
NAME	<b>Hennessy, David</b>	
STREET ADDRESS	<b>22481 Pleasant Park Rd</b>	
CITY-ST-ZIP	<b>Conifer, CO 80433</b>	
TITLE		<input type="checkbox"/> Delete
NAME	<b>Berkowitz, Joel S.</b>	
STREET ADDRESS	<b>303 Ivy Lane</b>	
CITY-ST-ZIP	<b>Weston, FL 33326</b>	
TITLE		<input type="checkbox"/> Delete
NAME	<b>Schmac, Tammy L</b>	
STREET ADDRESS	<b>11074 Kennedy Ave</b>	
CITY-ST-ZIP	<b>Conifer, CO 80433</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>DPT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Miller, George</b>	
STREET ADDRESS	<b>1828-B N University Dr.</b>	
CITY-ST-ZIP	<b>Plantation, FL 33322</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Hennessy, David</b>	
STREET ADDRESS	<b>11873 Spring Rd, Sk #10</b>	
CITY-ST-ZIP	<b>Conifer, CO 80433</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Schmac, Tammy</b>	
STREET ADDRESS	<b>11873 Spring Rd, Sk #10</b>	
CITY-ST-ZIP	<b>Conifer, CO 80433</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 no 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Tammy L Schmac** **4-23-01** **303-838-1400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER (OR DIRECTOR) Date Daytime Phone #

CR2E034 (11/00)