

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005713

1. Entity Name
AMERICANA DINING CORP.

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90006 042 ***550.00

Principal Place of Business 1 CORPORATE PLACE 55 FERNCROFT RD. DANER MA 01923	Mailing Address 1 CORPORATE PLACE 55 FERNCROFT RD. DANER MA 01923-4001
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5619 DTC PARKWAY SUITE 1000 ENGLEWOOD CO 80111-3075 USA	3. Mailing Address 5619 DTC PARKWAY SUITE 1000 ENGLEWOOD CO. 80111-3075 USA
--	---

4. FEI Number 04-3222676	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	VT MOORE, DONALD ONE CORPORATE PLACE, 55 FERNCROFT RD. DANVERS MA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DEPOIAN, DONNA 55 FERNCROFT RD DANVERS MA 01923 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOYLAN, K.C. ONE CORPORATE PLACE, 55 FERNCROFT RD. DANVERS MA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D/CEO WILLIAM BAUMHAUER 790 INT'L ISLE DRIVE CASTLE ROCK, CO. 80104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DONNA DEPOIAN 614 FOREST ST NO. ANDOVER, MA 01845 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/P/T/CFO FRED DREIBHOLZ 460 SO. MARION PARKWAY DENVER, CO. 80209 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED DREIBHOLZ 6/19/00 (303) 804-1333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ET(94) (9/99)