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

## FILED DOCUMENT # P95000091617 May 16, 2000 8:00 am 1. Entity Name Secretary of State CAULKINS LAND HOLDINGS CORP. 05-16-2000 90014 032 \*\*\*150.00 Principal Place of Business Mailing Address 1400 COLORADO STATE BANK BLDG. 1400 COLORADO STATE BANK BLDG. 1600 BROADWAY 1600 BROADWAY DENVER CO 80202-4927 DENVER CO 80202 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 58-2212372 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CAULKINS, GEORGE P JR. Street Address (P.O. Box Number is Not Acceptable) 7801 S.W. CITRUS BLVD STUART FL 34995 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition PD Change TITLE ☐ Delete NAME CAULKINS, GEORGE P JR. STREET ADDRESS STREET ADDRESS 1600 BROADWAY, SUITE 1400 CITY-ST-ZIP CITY-ST-ZIP DENVER CO 80202 Change Addition ☐ Delete TITLE VSTD NAME CAULKINS, GEORGE P III NAME STREET ADDRESS STREET ADDRESS 1600 BROADWAY, SUITE 1400 CITY-ST-ZIP CITY-ST-ZIP DENVER CO 80202 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change [ ] Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

IGNATURE: Joseph Carellium J. View 4-28-00 303-861-428

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.