

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P29669**

1. Entity Name

NATIVE AMERICAN RIGHTS FUND, INC.

Principal Place of Business

**1506 BROADWAY
BOULDER CO 80302-6217**

Mailing Address

**1506 BROADWAY
BOULDER CO 80302-6217**

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

84-0611876

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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

**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	ED	<input type="checkbox"/> Delete
NAME	ECHOHAWK, JOHN E	
STREET ADDRESS	4660 QUAIL CREEK LANE	
CITY-ST-ZIP	BOULDER CO 80301	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	ROREX, CLELA	
STREET ADDRESS	311 BUCHANAN COURT	
CITY-ST-ZIP	LOUISVILLE CO 80027	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	RAMIREZ, RAY	
STREET ADDRESS	1823 SPRUCE AVE.	
CITY-ST-ZIP	LONGMONT CO 80501	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DO	<input type="checkbox"/> Delete
NAME	PROSSER, MARY LU	
STREET ADDRESS	13330 BRIARWOOD DRIVE	
CITY-ST-ZIP	BROOMFIELD CO	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	LM	<input type="checkbox"/> Delete
NAME	GOTTSCHALK, KIM J	
STREET ADDRESS	2887 HUMBOLDT CIR.	
CITY-ST-ZIP	LONGMONT CO	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	LM	<input type="checkbox"/> Delete
NAME	KNIGHT, YVONNE	
STREET ADDRESS	1268 WESTVIEW DR.	
CITY-ST-ZIP	BOULDER CO 80303	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED**

5/4/01

303-447-8760

FILED
May 17, 2001 8:00 am,
Secretary of State

05-17-2001 91071 034 ****70.00

A000500



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)