

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 19, 2002 8:00 am**  
**Secretary of State**

08-19-2002 90151 014 \*\*\*550.00

**DOCUMENT # F01000000781**

**1. Entity Name**  
**ARCHSTONE MANAGEMENT SERVICES (FLORIDA) INCORPORATED**

**Principal Place of Business**      **Mailing Address**  
**7630 SOUTH CHESTER STREET, STE. 190**      **7630 SOUTH CHESTER STREET, STE. 190**  
**ENGLEWOOD CO 80112**      **ENGLEWOOD CO 80112**

**2. Principal Place of Business**  
**9200 E. Panorama Circle 400**

**3. Mailing Address**  
**Same**

**Suite, Apt. #, etc.**  
**Suite 400**

**Suite, Apt. #, etc.**

**City & State**  
**Englewood, CO**

**City & State**

**4. FEI Number** **84-1576150** **APPLIED FOR XXX**

**Applied For**  
**Not Applicable**

**Zip** **80112** **Country** **Arapahoe**

**Zip** **Country**

**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**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

**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. I am familiar with, and accept the obligations of registered agent.**

**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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **CD** ☐ Delete  
**NAME** **SELLERS, R. SCOT**  
**STREET ADDRESS** **7670 SOUTH CHESTER STREET, STE. 100**  
**CITY-ST-ZIP** **ENGLEWOOD CO 80112**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **9200 E. Panorama Circle, Suite 400**  
**CITY-ST-ZIP** **Englewood, CO 80112**

**TITLE** **CFO** ☒ Delete  
**NAME** **GADBOIS, DAVID**  
**STREET ADDRESS** **7630 SOUTH CHESTER STREET, STE. 190**  
**CITY-ST-ZIP** **ENGLEWOOD CO 80112**

**TITLE** ☐ Change ☒ Addition  
**NAME** **Vice President**  
**STREET ADDRESS** **Scott Baad**  
**CITY-ST-ZIP** **14004 Roosevelt Blvd #614F**  
**Clearwater, FL 33762**

**TITLE** **VS** ☐ Delete  
**NAME** **BROWER, CAROLINE**  
**STREET ADDRESS** **7670 SOUTH CHESTER STREET, STE. 100**  
**CITY-ST-ZIP** **ENGLEWOOD CO 80112**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **9200 E. Panorama Circle, Suite 400**  
**CITY-ST-ZIP** **Englewood, CO 80112**

**TITLE** **V** ☐ Delete  
**NAME** **FREEMAN, J. LINDSAY**  
**STREET ADDRESS** **SIX PIEDMONT CENTER, SUITE 600**  
**CITY-ST-ZIP** **ATLANTA GA 30305**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **V** ☐ Delete  
**NAME** **MUELLER, CHARLES E JR.**  
**STREET ADDRESS** **7670 SOUTH CHESTER STREET, STE. 100**  
**CITY-ST-ZIP** **ENGLEWOOD CO 80112**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **9200 E. Panorama Circle, Suite 400**  
**CITY-ST-ZIP** **Englewood, CO 80112**

**TITLE** **V** ☒ Delete  
**NAME** **KELL, WILLIAM**  
**STREET ADDRESS** **7777 MKET CENTER AVE.**  
**CITY-ST-ZIP** **EL PASO TX 79912**

**TITLE** ☐ Change ☒ Addition  
**NAME** **Assistant Secretary**  
**STREET ADDRESS** **Karen Carlson**  
**CITY-ST-ZIP** **9200 E. Panorama Circle, Suite 400**  
**Englewood, CO 80112**

**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:**

*Caroline Brower*

**Caroline Brower**

**7/31/02**

**(303) 708-5959**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)