

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90016 002 ***150.00

DOCUMENT # F01000006140

1. Entity Name

AGRP MANAGEMENT CORP.

Principal Place of Business

Mailing Address

**64 INVERNESS DRIVE EAST
ENGLEWOOD CO 80112****64 INVERNESS DRIVE EAST
ENGLEWOOD CO 80112**

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

36-4481137

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 ROAD
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

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, 2002 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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	ADAMS, STEPHEN	
STREET ADDRESS	2575 VISTA DEL MAR DRIVE	
CITY-ST-ZIP	VENTURA CA 93001	

TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lusk, Terry C.	
STREET ADDRESS	64 Inverness Drive East	
CITY-ST-ZIP	Englewood, Colorado 80112	

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	MCADAMS, JOE	
STREET ADDRESS	2575 VISTA DEL MAR DRIVE	
CITY-ST-ZIP	VENTURA CA 93001	

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

TITLE	VCFO	<input type="checkbox"/> Delete
NAME	BOGGESE, MARK J	
STREET ADDRESS	64 INVERNESS DRIVE EAST	
CITY-ST-ZIP	ENGLEWOOD CO 80112	

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

TITLE	COO	<input type="checkbox"/> Delete
NAME	SCHNEIDER, MICHAEL A	
STREET ADDRESS	2575 VISTA DEL MAR DRIVE	
CITY-ST-ZIP	VENTURA CA 93001	

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

TITLE	V	<input type="checkbox"/> Delete
NAME	SCHEDLER, PAUL E	
STREET ADDRESS	2575 VISTA DEL MAR DRIVE	
CITY-ST-ZIP	VENTURA CA 93001	

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

TITLE	S	<input type="checkbox"/> Delete
NAME	JAMES, LAURA A	
STREET ADDRESS	2575 VISTA DEL MAR DRIVE	
CITY-ST-ZIP	VENTURA CA 93001	

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/02 (303) 728-7423

CR2E034 (9/01)