

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # F02000004749**

1. Entity Name  
**RHK MANAGEMENT, INC.**



Principal Place of Business  
**777 29TH STREET, STE. 100  
BOULDER CO 80303**

Mailing Address  
**2229 BROADWAY  
BOULDER CO 80302**

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90165 039 \*\*\*150.00



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 **84-1495884**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DUBRAY, PAT  
10775 W. EMERALD COAST PKWY.  
DESTIN FL 32550**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARTMANN, GREGORY</b>	
STREET ADDRESS	<b>4072 SPY GLASS LANE</b>	
CITY-ST-ZIP	<b>NIWOT CO 80503</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RUSHMORE, STEVE</b>	
STREET ADDRESS	<b>22 SHEPARD LANE</b>	
CITY-ST-ZIP	<b>ROSLYN HEIGHTS NY 11577</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KING, DANIEL</b>	
STREET ADDRESS	<b>255 MANHATTAN DR.</b>	
CITY-ST-ZIP	<b>BOULDER CO 80303</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BYERS, SAMANTHA</b>	
STREET ADDRESS	<b>3300 QUEEN CT.</b>	
CITY-ST-ZIP	<b>BOULDER CO 80020</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E034 (10/02)