

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90033 024 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F92000000719**

1. Corporation Name

**BC REAL ESTATE INVESTMENTS, INC.**

Principal Place of Business

**14103 DENVER WEST PKWY  
GOLDEN CO 80401  
US**

Mailing Address

**14103 DENVER WEST PKWY  
GOLDEN CO 80040  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/16/1992**

4. FEI Number

**36-3868330**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21 14123 Denver W Pkwy**

2a. Mailing Address

**26 14123 Denver W Pkwy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**23 Golden CO**

**28 Golden CO**

**24 80401 25 US**

**29 80401 30 US**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GREVE, KEVIN	
STREET ADDRESS	14103 DENVER WEST PKWY	
CITY-ST-ZIP	GOLDEN CO 80401	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BECK, SCOTT A	
STREET ADDRESS	809 11TH STREET	
CITY-ST-ZIP	BOULDER CO	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	HOAR, JIM	
STREET ADDRESS	14103 DENVER WEST PKWY	
CITY-ST-ZIP	GOLDEN CO	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LINK, MARK	
STREET ADDRESS	16130 E. DORADO CIRCLE	
CITY-ST-ZIP	AURORA CO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MILLER, J R	
STREET ADDRESS	14103 DENVER WEST PKWY	
CITY-ST-ZIP	GOLDEN CO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	J. Michael Jenkins	
1.3 STREET ADDRESS	14123 Denver West Pkwy	
1.4 CITY-ST-ZIP	Golden CO 80401	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Greg Uhing	
2.3 STREET ADDRESS	14123 Denver West Pkwy	
2.4 CITY-ST-ZIP	Golden CO 80401	
3.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lawrence White	
3.3 STREET ADDRESS	14123 Denver West Pkwy	
3.4 CITY-ST-ZIP	Golden CO 80401	
4.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Michael Dargle	
4.3 STREET ADDRESS	14123 Denver West Pkwy	
4.4 CITY-ST-ZIP	Golden CO 80401	
5.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	14123	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 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

**4/28/99**

**303-216-5108**

CR2E034 (11/98)