## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** DOCUMENT # F9300004561 Feb 07, 2000 8:00 am 1. Entity Name **Secretary of State** FINANCIAL ADMINISTRATIVE SERVICES CORPORATION 02-07-2000 90016 043 \*\*\*150.00 Principal Place of Business Mailing Address % LEGAL DEPT 6T2 8515 E. ORCHARD RD. 8515 E. ORCHARD RD ENGLEWOOD CO 80111 ENGLEWOOD CO 80111-5037 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 84-1233483 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired . Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **C T CORPORATION SYSTEM** Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 Zip Code City 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Delete TITLE \*See attached list for WOODEN, DOUGLAS L NAME NAME STREET ADDRESS all Officers and Directors STREET ADDRESS 8515 E. ORCHARD RD CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD CO 80111 ☐ Addition ☐ Delete Change TITLE TITLE D NAME NAME SHAW, R. K. STREET ADDRESS STREET ADDRESS 8515 EAST ORCHARD ROAD CITY-ST-ZIP CITY-ST-7IP **ENGLEWOOD CO** ☐ Addition TITLE Delete TITLE NAME BYRNE, BEVERLY A NAME STREET ADDRESS STREET ADDRESS 8515 E. ORCHARD RD. CITY-ST-7IP CITY-ST-ZIP ENGLEWOOD CO 80111 ☐ Change ☐ Addition ☐ Delete TITLE NAME DERBACK, G.R. NAME STREET ADDRESS STREET ADDRESS 8515 E. ORCHARD RD. CITY-ST-ZIP **ENGLEWOOD CO** VP ☐ Delete X Change ☐ Addition TITLE ٧D NAME SELLER, G.E. STREET ADDRESS STREET ADDRESS 3699 WILSHIRE BLVD., STE. 675 CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA COO **CFO** K Change ☐ Addition ☐ Delete TITLE NAME HOLLEN, MARK S STREET ADDRESS STREET ADDRESS 8515 EAST ORCHARD ROAD CITY-ST-ZIP ENGLEWOOD CO 80111 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.