

# 2000 UNIFORM BUSINESS REPORT (UBR)

0013112

DOCUMENT # F94000005256

1. Entity Name

SHLP REALTY CORP.

FILED

00 FEB 23 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

SUITE 1500  
7000 CENTRAL PARKWAY  
ATLANTA GA 30328

SUITE 1500  
7000 CENTRAL PARKWAY  
ATLANTA GA 30328-4597

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3201 S. Tamarac Dr.

Suite 200

Denver, CO

80231

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-1875078

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

CORPORATION SERVICE COMPANY

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

1201 Hays Street

City

TALLAHASSEE

FL

Zip Code  
32301

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

*Kurt Plender* Kurt Plender (Assistant Vice-Pres.) 2-22-2000  
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD LOVE, J R 7000 CENTRAL PARKWAY, SUITE 1500 ATLANTA GA 30328	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDD LEE, ALAN G 7000 CENTRAL PARKWAY, SUITE 1500 ATLANTA GA 30328	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIMPSON, DONALD 7000 CENTRAL PKWY, STE #1500 ATLANTA GA 30328	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/00

Date

303-283-4101

Daytime Phone #

CR2E034 (9/99)

2



ACCOUNT NO. : 072100000032

REFERENCE : 597637 5022062

AUTHORIZATION :

COST LIMIT : \$ *Patricia Pizante*

ORDER DATE : February 22, 2000

ORDER TIME : 2:05 PM

ORDER NO. : 597637-020

CUSTOMER NO: 5022062

CUSTOMER: Angela Martinez, Paralegal  
Simpson Housing Limited  
3201 South Tamarac Drive  
Suite 200  
Denver, CO 80231

CHANGE OF AGENT

NAME: SHLP REALTY CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Erika Carlson

RECEIVED  
00 FEB 23 PM 3:10  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

KE