

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**  
 05-15-2000 90181 010 \*\*\*150.00

**DOCUMENT # F95000005149**

1. Entity Name  
**MONACO FINANCE, INC.**

Principal Place of Business      Mailing Address  
 370 17TH STREET, SUITE 5060      370 17TH STREET, SUITE 5060  
 DENVER CO 80202      DENVER CO 75093-4705

**00050333**

2. Principal Place of Business      3. Mailing Address  
**2740 N. Dallas Pkwy**      **2740 N. Dallas Pkwy**  
 (Suite) Apt. #, etc.      (Suite) Apt. #, etc.  
**200**      **200**

City & State      City & State  
**Plano, TX**      **Plano, TX**  
 Zip      Country      Zip      Country  
**75093**      **US**      **75093**      **US**

4. FEI Number      Applied For  
**84-1088131**      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering)      DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS GINSBURG		NAME	Morris Ginsburg	
STREET ADDRESS	370 17TH STREET, SUITE 5060		STREET ADDRESS	8400 E. Crescent Pkwy, Ste 190	
CITY-ST-ZIP	DENVER CO 80202		CITY-ST-ZIP	Greenwood Vlg, CO 80111	
TITLE	VCDT	<input type="checkbox"/> Delete	TITLE	VCDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDLER, IRWIN L		NAME	Irwin L. Sandler	
STREET ADDRESS	370 17TH STREET, SUITE 5060		STREET ADDRESS	8400 E Crescent Pkwy, Ste 190	
CITY-ST-ZIP	DENVER CO 80202		CITY-ST-ZIP	Greenwood Vlg, CO 80111	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID WOOD		NAME	Joe Cutrona	
STREET ADDRESS	370 17TH STREET, SUITE 5060		STREET ADDRESS	2740 N. Dallas Pkwy, Ste 200	
CITY-ST-ZIP	DENVER CO 80202		CITY-ST-ZIP	Plano, TX 75093	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHEN GUYER		NAME	Bill Bradley	
STREET ADDRESS	370 17TH STREET, SUITE 5060		STREET ADDRESS	2740 N. Dallas Pkwy, Ste 200	
CITY-ST-ZIP	DENVER CO 80202		CITY-ST-ZIP	Plano, TX 75093	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY BILLINGER		NAME		
STREET ADDRESS	370 17TH STREET, SUITE 5060		STREET ADDRESS		
CITY-ST-ZIP	DENVER CO 80202		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEINSTEIN, MICHAEL		NAME		
STREET ADDRESS	370 17TH STREET, SUITE 5060		STREET ADDRESS		
CITY-ST-ZIP	DENVER CO 80202		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: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #