

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**  
 05-12-2001 90051 010 \*\*\*150.00

0590512

**DOCUMENT # F95000005713**

1. Entity Name

**AMERICANA DINING CORP.**

Principal Place of Business

**5619 DTC PARKWAY  
 STE 1000  
 ENGLEWOOD CO 80111-3075**

Mailing Address

**5619 DTC PARKWAY  
 STE 1000  
 ENGLEWOOD CO 80111-3075**

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 **04-3222676**

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

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

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, 2001 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 **VT** ☒ Delete  
 NAME **MOORE, DONALD**  
 STREET ADDRESS **ONE CORPORATE PLACE, 55 FERN CROFT RD.**  
 CITY-ST-ZIP **DANVERS MA**

TITLE **P/D/CEO** ☐ Change ☒ Addition  
 NAME **William Baumhauer**  
 STREET ADDRESS **790 International Isle Drive**  
 CITY-ST-ZIP **Castle Rock CO 80104**

TITLE **AS** ☐ Delete  
 NAME **DEPOIAN, DONNA**  
 STREET ADDRESS **55 FERN CROFT RD**  
 CITY-ST-ZIP **DANVERS MA 01923**

TITLE **S** ☒ Change ☐ Addition  
 NAME **DONNA DEPOIAN**  
 STREET ADDRESS **614 FOREST DRIVE**  
 CITY-ST-ZIP **No. Andover MA 01845**

TITLE **P** ☒ Delete  
 NAME **MOYLAN, K.C.**  
 STREET ADDRESS **ONE CORPORATE PLACE, 55 FERN CROFT RD.**  
 CITY-ST-ZIP **DANVERS MA**

TITLE **VP/T/CFO** ☐ Change ☒ Addition  
 NAME **FRED DREIBOLZ**  
 STREET ADDRESS **460 So Marion Parking**  
 CITY-ST-ZIP **Denver CO 80209**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Fred Dreibolz**

**4/24/01**

**720.529-7362**

Date

Daytime Phone #

CR2E034 (10/00)