

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005730

1. Entity Name

AIMCO/FREEDOM PLACE, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90070 050 ***150.00

Principal Place of Business

1873 S. BELLAIRE ST
SUITE 1700
DENVER CO 80222

Mailing Address

1873 S. BELLAIRE ST
SUITE 1700
DENVER CO 80222-4360

2. Principal Place of Business

2000 South Colorado Blvd.

3. Mailing Address

2000 South Colorado Blvd.

Suite, Apt. #, etc.

Tower Two, Suite 2-1000

Suite, Apt. #, etc.

Tower Two, Suite 2-1000

City & State

Denver, CO

City & State

Denver, CO

4. FEI Number

84-1447874

Applied For

Not Applicable

Zip

Country

80222

USA

Zip

80222

Country

USA

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOMPANIEZ, PETER K	NAME	
STREET ADDRESS	1873 S. BELLAIRE ST, STE. 1700	STREET ADDRESS	2000 S. Colo. Blvd., Tower Two, #2-1000
CITY-ST-ZIP	DENVER CO 80222	CITY-ST-ZIP	Denver, CO 80222
TITLE	EVPC <input type="checkbox"/> Delete	TITLE	EVPC Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONDER, JOEL F	NAME	
STREET ADDRESS	1873 S. BELLAIRE ST, STE. 1700	STREET ADDRESS	2000 S. Colo. Blvd., Tower Two, #2-1000
CITY-ST-ZIP	DENVER CO 80222	CITY-ST-ZIP	Denver, CO 80222
TITLE	EVP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOYE, PATRICK J	NAME	
STREET ADDRESS	1873 SOUTH BELLAIRE ST., 17TH FLOOR	STREET ADDRESS	2000 S. Colo. Blvd., Tower Two, #2-1000
CITY-ST-ZIP	DENVER CO 80222	CITY-ST-ZIP	Denver, CO 80222
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSIDINE, TERRY	NAME	
STREET ADDRESS	1873N SOUTH BELLAIRE ST., 17TH FLOOR	STREET ADDRESS	2000 S. Colo. Blvd., Tower Two, #2-1000
CITY-ST-ZIP	DENVER CO 80222	CITY-ST-ZIP	Denver, CO 80222
TITLE	<input type="checkbox"/> Delete	TITLE	VP and Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Patricia K. Heath
STREET ADDRESS		STREET ADDRESS	2000 S. Colo. Blvd., tower Two, #2-1000
CITY-ST-ZIP		CITY-ST-ZIP	Denver, CO 80222
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: By Joel Bonder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joel Bonder, Secretary

(303) 757-8101

Daytime Phone #

CR2E034 (9/99)