

2001 UNIFORM BUSINESS REPORT (UBR)

5/3/

FILED
May 29, 2001 8:00 am
Secretary of State

05-03-2001 91136 024 ***150.00

DOCUMENT # F97000006735

1. Entity Name
CPF 16 LANDINGS GP, INC.

Principal Place of Business

2000 S. COLORADO BLVD
 TOWER TWO, SUITE 2-1000
 DENVER CO 80222

Mailing Address

2000 S. COLORADO BLVD
 TOWER TWO, SUITE 2-1000
 DENVER CO 80222

5614



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

84-1585903

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 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 | CEO | <input type="checkbox"/> Delete |
| NAME | CONSIDINE, TERRY | |
| STREET ADDRESS | 2000 S. COLORADO BLVD | |
| CITY-ST-ZIP | DENVER CO 80222 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | KOMPANIEZ, PETER | |
| STREET ADDRESS | 2000 S. COLORADO BLVD | |
| CITY-ST-ZIP | DENVER CO 80222 | |
| TITLE | COO | <input checked="" type="checkbox"/> Delete |
| NAME | TOOMEY, THOMAS | |
| STREET ADDRESS | 2000 S. COLORADO BLVD | |
| CITY-ST-ZIP | DENVER CO 80222 | |
| TITLE | EVF | <input type="checkbox"/> Delete |
| NAME | ALCOCK, HARRY | |
| STREET ADDRESS | 2000 S. COLORADO BLVD | |
| CITY-ST-ZIP | DENVER CO 80222 | |
| TITLE | EVPS | <input type="checkbox"/> Delete |
| NAME | BONDER, JOEL | |
| STREET ADDRESS | 2000 S. COLORADO BLVD | |
| CITY-ST-ZIP | DENVER CO 80222 | |
| TITLE | VPT | <input type="checkbox"/> Delete |
| NAME | HEATH, PATRICIA | |
| STREET ADDRESS | 2000 S. COLORADO BLVD | |
| CITY-ST-ZIP | DENVER CO 80222 | |

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

Patricia Heath

Patricia Heath Senior VP/Treas 4-26-01 (303) 757-8101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)