

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006748

1. Entity Name

SUMMERWALK GP, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90168 020 \*\*\*150.00

Principal Place of Business

1873 SOUTH BELLAIRE STREET  
SUITE 1700  
DENVER CO 80222-4300

Mailing Address

1873 SOUTH BELLAIRE STREET  
SUITE 1700  
DENVER CO 80222-4360

2. Principal Place of Business

2000 South Colorado Blvd.

Suite, Apt. #, etc.  
Tower Two, Suite 2-1000

3. Mailing Address

2000 South Colorado Blvd.

Suite, Apt. #, etc.  
Tower Two, Suite 2-1000

City & State  
Denver, CO

City & State  
Denver, CO

4. FEI Number **56-2078643**

Applied For  
Not Applicable

Zip  
80222

Country  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOMPANIEZ, PETER 1873 S. BELLAIRE STREET, #1700 DENVER CO 80222	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BONDER, JOEL 1873 S. BELLAIRE STREET, #1700 DENVER CO 80222	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HEATH, PATRICIA 1873 S. BELLAIRE STREET, #1700 DENVER CO 80222	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOYE, PATRICK 1873 S. BELLAIRE STREET, #1700 DENVER CO 80222	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONSIDINE, TERRY 1873 S. BELLAIRE STREET, #1700 DENVER CO 80222	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2000 S. Colo. Blvd., Tower Two, #2-1000 Denver, CO 80222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2000 S. Colo. Blvd., Tower Two, #2-1000 Denver, CO 80222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2000 S. Colo. Blvd., Tower Two, #2-1000 Denver, CO 80222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2000 S. Colo. Blvd., Tower Two, #2-1000 Denver, CO 80222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2000 S. Colo. Blvd., Tower Two, #2-1000 Denver, CO 80222
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: Joel Bonder **Joel Bonder, Secretary** 4-6-00 (303) 757-8101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #