

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0655983 AT

DOCUMENT # F97000006748

1. Entity Name
SUMMERWALK GP, INC.



FILED

03 JUN 11 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2000 S COLORADO BLVD
TOWER TWO STE 2-1000
DENVER CO 80222
US

Mailing Address
2000 S COLORADO BLVD
TOWER TWO STE 2-1000
DENVER CO 80222
US

2. Principal Place of Business

4582 S. ULSTER ST. PKWY.

Suite, Apt. #, etc.
SUITE 1100

City & State
DENVER

Zip 80237 Country US

3. Mailing Address

4582 S. ULSTER ST. PKWY.

Suite, Apt. #, etc.
SUITE 1100

City & State
DENVER

Zip 80237 Country US

4. FEI Number 56-2078643

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

100020779141
06/11/03--01027--012 **12075.00

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOMPANIEZ, PETER 2000 S COLO BLVD TWR TWO 2-1000 DENVER CO 80222	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BONDER, JOEL 2000 S COLO BLVD TWR TWO 2-1000 DENVER CO 80222	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT HEATH, PATRICIA 2000 S COLO BLVD TWR TWO 2-1000 DENVER CO 80222	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOYE, PATRICK 2000 S COLO BLVD TWR TWO 2-1000 DENVER CO 80222	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONSIDINE, TERRY 2000 S COLO BLVD TWR TWO 2-1000 DENVER CO 80222	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ASARCH, CHAD 2000 S COLORADO BLVD TOWER 2 2-1000 DENVER CO 80222	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	4582 S. ULSTER ST. PKWY. SUITE 1100 DENVER, CO 80237	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Miles Cortez ^{EVPS} 4582 S. ULSTER ST. PKWY. SUITE 1100 DENVER, CO 80237	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4582 S. ULSTER ST. PKWY. SUITE 1100 DENVER, CO 80237	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4582 S. ULSTER ST. PKWY. SUITE 1100 DENVER, CO 80237	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4582 S. ULSTER ST. PKWY. SUITE 1100 DENVER, CO 80237	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4582 S. ULSTER ST. PKWY. SUITE 1100 DENVER, CO 80237	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

CHAD ASARCH, ASST SECRETARY 6/4/03

303-757-8101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)