

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # F98000001247

1. Entity Name  
MELBOURNE-OXFORD CORPORATION



FILED

03 JUN 11 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
% AIMCO PROPERTIES, L.P.  
TOWER TWO, 2000 COLORADO BLVD., #2-1000  
DENVER CO 80222

Mailing Address  
% AIMCO PROPERTIES, L.P.  
TOWER TWO, 2000 COLORADO BLVD., #2-1000  
DENVER CO 80222

2. Principal Place of Business  
4582 S. ULSTER ST. PKWY.  
Suite, Apt. #, etc.  
SUITE 1100  
City & State  
DENVER

3. Mailing Address  
4582 S. ULSTER ST. PKWY.  
Suite, Apt. #, etc.  
SUITE 1100  
City & State  
DENVER

☒ CHECK HERE IF MAKING CHANGES

Zip 80237 Country US

4. FEI Number 52-2088555  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

## 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.

700020778687  
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	CCEO CONSIDINE, TERRY TOWER 2, 2000 COLORADO BLVD., #2-1000 DENVER CO 80222	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOMPANIEZ, PETER K TOWER 2, 2000 COLORADO BLVD., #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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVC ALCOCK, HARRY G TOWER 2, 2000 COLORADO BLVD., #2-1000 DENVER CO 80222	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVGC BONDER, JOEL F TOWER 2, 2000 COLORADO BLVD., #2-1000 DENVER CO 80222	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP FOYE, PATRICK J TOWER 2, 2000 COLORADO BLVD., #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	CCEO 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	PO 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	EVPS miles Cortez 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

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)