

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005504

1. Entity Name

GP SERVICES XVIII, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90106 020 ***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

62-1730343

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

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

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2000 S. Colo. Blvd., Tower Two, #2-1000	
CITY-ST-ZIP	Denver, CO 80222	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2000 S. Colo. Blvd., Tower Two, #2-1000	
CITY-ST-ZIP	Denver, CO 80222	
TITLE	EVP/Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2000 S. Colo. Blvd., Tower Two, #2-1000	
CITY-ST-ZIP	Denver, CO 80222	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2000 S. Colo. Blvd., Tower Two, #2-1000	
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		

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 Secretary

4-19-00

(303) 757-8101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 19/99