

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005795

1. Entity Name

BEST INTERNET COMMUNICATIONS, INC.

FILED

May 04, 2000 8:00 am  
Secretary of State

05-04-2000 90111 031 \*\*\*150.00

Principal Place of Business

8005 S. CHESTER STREET  
SUITE 200  
ENGLEWOOD CO 80112

Mailing Address

8005 S. CHESTER STREET  
SUITE 200  
ENGLEWOOD CO 80112-3523

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

94-3211977

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

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 P  
NAME SCHNEIDER, DOUG  
STREET ADDRESS 8005 S. CHESTER STREET, #200  
CITY-ST-ZIP ENGLEWOOD CO 80112 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VS  
NAME DONELSON, CARLA H  
STREET ADDRESS 8005 S. CHESTER STREET, #200  
CITY-ST-ZIP ENGLEWOOD CO 80112 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME ADAMS, SCOTT H  
STREET ADDRESS 5050 BLUE LAKE DRIVE, STE. 100  
CITY-ST-ZIP BOCA RATON FL 33431 ☒ Delete

TITLE AS  
NAME SACKMAN, STEVEN W.  
STREET ADDRESS 8005 SOUTH CHESTER STREET, SUITE 200  
CITY-ST-ZIP ENGLEWOOD, CO 80112 ☐ Change ☒ Addition

TITLE V  
NAME MILLINGTON, J. KENT  
STREET ADDRESS 8005 S. CHESTER STREET, #200  
CITY-ST-ZIP ENGLEWOOD CO 80112 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME ARMENTROUT, DOUG  
STREET ADDRESS 8005 S. CHESTER STREET, #200  
CITY-ST-ZIP ENGLEWOOD CO 80112 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME HRIBAR, HERBERT R  
STREET ADDRESS 8005 S. CHESTER STREET, #200  
CITY-ST-ZIP ENGLEWOOD CO 80112 ☒ Delete

TITLE D  
NAME JASCHKE, JUSTIN L.  
STREET ADDRESS 8005 SOUTH CHESTER STREET, SUITE 200  
CITY-ST-ZIP ENGLEWOOD, CO 80112 ☐ Change ☒ 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: *Steven W. Sackman* Steven W. Sackman, Assistant Secretary 04/28/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(303) 645-1928