

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000707

1. Entity Name

VERIO SOUTHEAST, INC.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90111 032 ***150.00

Principal Place of Business

8005 SOUTH CHESTER STREET
SUITE 200
ENGLEWOOD CO 80112

Mailing Address

8005 SOUTH CHESTER STREET
SUITE 200
ENGLEWOOD CO 80112-3523

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

84-1467119

Applied For
Not Applicable

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	P	<input type="checkbox"/> Delete
NAME	TREEUTING, JAMES P	
STREET ADDRESS	1515 POYDRAS ST., STE 2600	
CITY-ST-ZIP	NEW ORLEANS LA	
TITLE	V	<input type="checkbox"/> Delete
NAME	HILDWEIN, JOHN M	
STREET ADDRESS	20 NORTH WACKER DR., STE 1960	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	DONELSON, CARLA H	
STREET ADDRESS	8005 SOUTH CHESTER STREET, STE 200	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TARR, ANDREA D	
STREET ADDRESS	8005 SOUTH CHESTER STREET, STE 200	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SACKMAN, STEVEN W	
STREET ADDRESS	8005 SOUTH CHESTER STREET, STE 200	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HRIBAR, HERBERT R	
STREET ADDRESS	8005 SOUTH CHESTER STREET, STE 200	
CITY-ST-ZIP	ENGLEWOOD CO	

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	
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	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	JASCHKE, JUSTIN L.
CITY-ST-ZIP	8005 SOUTH CHESTER STREET, SUITE 200 ENGLEWOOD, CO 80112

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

(303) 645-1928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #