

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000766

1. Entity Name

CU MEMBER LENDING INC.

**FILED**  
**Feb 17, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90074 003 \*\*\*150.00

Principal Place of Business

Mailing Address

1211 N. WESTSHORE BLVD. SUITE 500  
TAMPA FL 33607

1211 N. WESTSHORE BLVD. SUITE 500  
TAMPA FL 33607-4621

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

84-1186513

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

ROBINSON, MICHAEL  
1211 N. WESTSHORE BLVD, SUITE 500  
TAMPA FL 33607

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33324

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

CT Corporation System

Marcia J. Sunahara

1-13-00

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

Marcia J. Sunahara, ASST. V.P.

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	CPVS	<input type="checkbox"/> Delete
NAME	BENTLEY, STEVE	
STREET ADDRESS	7995 E. HAMPDEN AVE, SUITE 200	
CITY-ST-ZIP	DENVER CO 80231	
TITLE	T	<input type="checkbox"/> Delete
NAME	BENTLEY, STEVE	
STREET ADDRESS	7995 E. HAMPDEN AVE, SUITE 200	
CITY-ST-ZIP	DENVER CO 80231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bentley, Stephen O.	
STREET ADDRESS	7995 E. Hampden Ave., Suite 200	
CITY-ST-ZIP	Denver, CO 80231	
TITLE	VST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Runberg, David B.	
STREET ADDRESS	7995 E. Hampden Ave., Suite 200	
CITY-ST-ZIP	Denver, CO 80231	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)