## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 29, 2000 8:00 am DOCUMENT # **F9900000809 Secretary of State** CHUGACH MANAGEMENT SERVICES, INC. 01-29-2000 90134 050 \*\*\*150.00 Mailing Address Principal Place of Business 560 E. 34TH AVE. 560 E. 34TH AVE. SUITE 105 SUITE 105 ANCHORAGE AK 99503-4161 ANCHORAGE AK 99503 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FF! Number 92-0142654 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent `n7 A C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Thange Addition TITL F Delete TITLE President NAME NAME HENRICHS, ROBERT Keith Gordaoff STREET ADDRESS STREET ADDRESS PO BOX 299 560 E. 34th AK Suite 3105 Anchorage, AK Suite 3105 Secretary/Treasurer CiTY-ST-ZIP CITY-ST-ZIP CORDOVA AK K Delete ☐ Addition TITLE TITLE Paul Schanzenbach BENNETT, FRED NAME NAME STREET ADDRESS 560 E. 34th, Suite 200 STREET ADDRESS 17838 WALLINGFORD AVE N CITY-ST-7/P Anchorage, AK 99503 CITY-ST-ZIP SHORELINE WA Addition K Change \_TITLE Director **HUTTON, JAMES** NAME NAME Robert Henrichs STREET ADDRESS STREET ADDRESS 560 E. 34TH, STE 105 P.O. Box 299 CITY-ST-7IP CITY-ST-ZIP ANCHORAGE AK Cordova, AK 99574 X Addition Director ☐ Change TITLE VSTD X Delete TITLE Donna Platt NAME BLATCHFORD, EDGAR P.O. Box 110149 STREET ADDRESS STREET ADDRESS PO BOX 1344 Anchorage, AK 99511 CITY-ST-ZIP CITY-ST-ZIP SEWARD AK Director X Addition TITLE AS Delete ☐ Change John Johnson NAME CRAMER, SCHELLY 560 E. 34th, Suite 200 STREET ADDRESS 560 E. 34TH STE 105 STREET ADDRESS CITY-ST-ZIP Anchorage, AK 99503 CITY-ST-ZIP ANCHORAGE AK Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7/P 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

1-17-00

107-563-8866

Daytime Phone #