

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90075 046 ***150.00

0570610

DOCUMENT # F99000003857

1. Entity Name

ARC DEALERSHIP, INC.

Principal Place of Business

Mailing Address

600 GRANT ST.
STE 900
DENVER CO 80203

600 GRANT ST.
STE 900
DENVER CO 80203

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 84-1465883

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, 2001 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	C	<input type="checkbox"/> Delete
NAME	JACKSON, SCOTT D	
STREET ADDRESS	555 17TH STREET, SUITE 1600	
CITY-ST-ZIP	DENVER CO 80202	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WHITTHUHN, VAN	
STREET ADDRESS	555 17TH STREET, SUITE 1600	
CITY-ST-ZIP	DENVER CO 80202	
TITLE	V	<input type="checkbox"/> Delete
NAME	SPRENGLE, JOHN G	
STREET ADDRESS	555 17TH STREET, SUITE 1600	
CITY-ST-ZIP	DENVER CO 80202	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	RINEHART, LOYD I	
STREET ADDRESS	555 17TH STREET, SUITE 1600	
CITY-ST-ZIP	DENVER CO 80202	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRIGER, MATTHEW H	
STREET ADDRESS	555 17TH STREET, SUITE 1600	
CITY-ST-ZIP	DENVER CO 80202	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SMITH, STRATTON	
STREET ADDRESS	555 17TH STREET, SUITE 1600	
CITY-ST-ZIP	DENVER CO 80202	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary French	
STREET ADDRESS	600 Grant St Suite 900	
CITY-ST-ZIP	Denver Co 80203	
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Vanderhoof van	
STREET ADDRESS	600 Grant St Suite 900	
CITY-ST-ZIP	Denver Co 80203	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600 Grant St Suite 900	
STREET ADDRESS	Denver Co 80203	
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Gessell	
STREET ADDRESS	600 Grant St Suite 900	
CITY-ST-ZIP	Denver Co 80203	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600 Grant St Suite 900	
STREET ADDRESS	Denver Co 80203	
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniela M Lalor	
STREET ADDRESS	600 Grant St Suite 900	
CITY-ST-ZIP	Denver Co 80203	

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 (10/00)