

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004888

1. Entity Name
HOTEL CONNECT MANAGEMENT, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90044 024 ***150.00

Principal Place of Business Mailing Address
9050 MARSHALL COURT **9050 MARSHALL COURT**
WESTMINSTER CO 80031 **WESTMINSTER CO 80031-2920**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **77-0518944** Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SMITH, CLAUDE 611 E. PINTAIL CIR. FRESNO CA 93720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D COFFIN, HAROLD 3608 W. BEECHWOOD FRESNO CA 93711-0647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P EHRlich, MARL L 6083 N. FIGARDEN, #119 FRESNO CA 93722
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete S TWIFORD, MARLANE K 1932 RED CLOUD RD LONGMONT CO 80501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete T SMITH, BILLY R 394 W. DAYTON AVE. FRESNO CA 93705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Anthony J. Butler 27501 SW 95th Ave., Suite 930 Wilsonville, OR 97070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Marlane K. Twiford **Marlane K. Twiford** 4/15/00 **303-430-9200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/99)