

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K68714

1. Entity Name

SHLP REALTY ADVISORS, INC.

FILED

00 FEB 23 PM 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

7000 CENTRAL PARKWAY  
SUITE 1500  
ATLANTA GA 30328  
US

Mailing Address

7000 CENTRAL PARKWAY  
SUITE 1500  
ATLANTA GA 30328-4597  
US

2. Principal Place of Business

3. Mailing Address

3201 S. Tamarac Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

City & State

Denver, CO

Zip

Country

Zip

Country

80231

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2972426

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

NEAL, ALTON R.  
13577 FEATHER SOUND DRIVE  
SUITE 300  
CLEARWATER FL 33762

Name

CORPORATION SERVICE COMPANY

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

1201 Hays Street

City

TALLAHASSEE

FL

Zip Code 32301

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

Kurt Plender (Assistant Vice-Pres.)

2-22-2000

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 DVST ☐ Delete  
NAME LEE ALAN G  
STREET ADDRESS 7000 CENTRAL PKWY, #1500  
CITY-ST-ZIP ATLANTA GA 30328

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME MABRY, DONALD S  
STREET ADDRESS 7000 CENTRAL PARKWAY, SUITE 1500  
CITY-ST-ZIP ATLANTA GA 30328

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PDC ☐ Delete  
NAME LOVE J ROBERT  
STREET ADDRESS 7000 CENTRAL PKWY #1500  
CITY-ST-ZIP ATLANTA GA 30328

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME MORRIS, ROBERT L  
STREET ADDRESS 7000 CENTRAL PARKWAY, SUITE 1500  
CITY-ST-ZIP ATLANTA GA 30328

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME GRIFFIN, STEPHEN L  
STREET ADDRESS 7000 CENTRAL PARKWAY, SUITE 1500  
CITY-ST-ZIP ATLANTA GA 30328

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DV ☐ Delete  
NAME SIMPSON, DONALD A  
STREET ADDRESS 3201 SOUTH TAMARAC DRIVE, SUITE 200  
CITY-ST-ZIP DENVER CO 80231

TITLE ☐ Change ☐ 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, changed, or on an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/00

303-283-4101

CR2E034 (9/99)

0013046

2



ACCOUNT NO. : 072100000032

REFERENCE : 597637 5022062

AUTHORIZATION : *Patricia Kye*

COST LIMIT : \$ 150.00

ORDER DATE : February 22, 2000

ORDER TIME : 2:11 PM

ORDER NO. : 597637

CUSTOMER NO: 5022062

CUSTOMER: Angela Martinez, Paralegal  
Simpson Housing Limited  
3201 South Tamarac Drive  
Suite 200  
Denver, CO 80231

CHANGE OF AGENT

NAME: SHLP REALTY ADVISORS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX PLAIN STAMPED COPY

RECEIVED  
00 FEB 23 PM 3:10  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

KE

CONTACT PERSON: Erika Carlson