

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001115

1. Entity Name

ASPEN RETIREMENT MANAGEMENT COMPANY, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 15 PM 3:31

Principal Place of Business

252 CLAYTON STREET, 4TH FLOOR  
DENVER CO 80206

Mailing Address

252 CLAYTON STREET, 4TH FLOOR  
DENVER CO 80206-4800



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

84-1338937

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

BL

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR JACOBS, ROBERT ☐ Delete  
STREET ADDRESS 252 CLAYTON STREET, 4TH FLOOR  
CITY-ST-ZIP DENVER CO 80206

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 300003148513  
CITY-ST-ZIP -02/25/00--01104--009  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME MGR MORLEY, DAVID C ☐ Delete  
STREET ADDRESS 252 CLAYTON STREET, 4TH FLOOR  
CITY-ST-ZIP DENVER CO 80206

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

*Robert Jacobs*

Robert Jacobs, Manager 1-10-00

303/393-0033

Date

Daytime Phone #

0015774 AF

CR2E083 (9/9)