

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P09453

1. Entity Name

SHELTER REALTY IV CORPORATION OF SOUTH CAROLINA

Principal Place of Business

Mailing Address

55 BEATTIE PLACE
GREENVILLE SC 29602
US

P O BOX 1089
GREENVILLE SC 29602-1089
US

2. Principal Place of Business

2000 S. Colorado Boulevard

3. Mailing Address

2000 S. Colorado Boulevard

Suite, Apt. #, etc.

Tower Two, Suite 2-1000

Suite, Apt. #, etc.

Tower Two, Suite 2-1000

City & State

Denver, CO

City & State

Denver, CO

Zip

80222

Country

USA

Zip

80222

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE HALL CORP SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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, 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	P	<input type="checkbox"/> Delete
NAME	KOMPANIEZ, PETER K	
STREET ADDRESS	1873 SO BELLAIRE ST 17TH FLOOR	
CITY-ST-ZIP	DENVER CO 80222-4300	
TITLE	EVL	<input type="checkbox"/> Delete
NAME	BONDER, JOEL F	
STREET ADDRESS	1873 SO BELLAIRE ST 17TH FLOOR	
CITY-ST-ZIP	DENVER CO 80222-4300	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	HEATH, PATRICIA K	
STREET ADDRESS	1873 SO BELLAIRE ST 17TH FLOOR	
CITY-ST-ZIP	DENVER CO 80222-4300	
TITLE	SVPC	<input type="checkbox"/> Delete
NAME	FOYE, PATRICK J	
STREET ADDRESS	1873 SO BELLAIRE ST 17TH FLOOR	
CITY-ST-ZIP	DENVER CO 80222-4300	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	TOOMEY, THOMAS W	
STREET ADDRESS	1873 SO BELLAIRE ST 17TH FLOOR	
CITY-ST-ZIP	DENVER CO 80222-4300	
TITLE	SVPC	<input checked="" type="checkbox"/> Delete
NAME	LONG, MARTHA L	
STREET ADDRESS	55 BEATTIE PLACE	
CITY-ST-ZIP	GREENVILLE SC 29602	

TITLE	Pres/Dir.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2000 S. Colo. Blvd., Tower Two, #2-1000	
CITY-ST-ZIP	Denver, CO 80222	
TITLE	EVP/Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2000 S. Colo. Blvd., Tower Two, #2-1000	
CITY-ST-ZIP	Denver, CO 80222	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2000 S. Colo. Blvd., Tower Two, #2-1000	
CITY-ST-ZIP	Denver, CO 80222	
TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2000 S. Colo. Blvd., Tower Two, #2-1000	
CITY-ST-ZIP	Denver, CO 80222	
TITLE	COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2000 S. Colo. Blvd., Tower Two, #2-1000	
CITY-ST-ZIP	Denver, CO 80222	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: By Joel Bonder Joel Bonder, EVP/Sec. 4-17-00 (303) 757-8101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0702610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034 (9/99)