

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90091 001 ****61.25

C0034950



DO NOT WRITE IN THIS SPACE

DOCUMENT # P29669

1. Entity Name

NATIVE AMERICAN RIGHTS FUND, INC.

Principal Place of Business

Mailing Address

1506 BROADWAY
 BOULDER CO 80302-6217

1506 BROADWAY
 BOULDER CO 80302-6217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

84-0611876

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

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ED	<input type="checkbox"/> Delete
NAME	ECHOHAWK, JOHN E	
STREET ADDRESS	4660 QUAIL CREEK LANE	
CITY-ST-ZIP	BOULDER CO 80301	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROREX, CLELA	
STREET ADDRESS	311 BUCHANAN COURT	
CITY-ST-ZIP	LOUISVILLE CO 80027	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RAMIREZ, RAY	
STREET ADDRESS	1823 SPRUCE AVE.	
CITY-ST-ZIP	LONGMONT CO 80501	
TITLE	DO	<input type="checkbox"/> Delete
NAME	PROSSER, MARY LU	
STREET ADDRESS	13330 BRIARWOOD DRIVE	
CITY-ST-ZIP	BROOMFIELD CO	
TITLE	LM	<input type="checkbox"/> Delete
NAME	GOTTSCHALK, KIM J	
STREET ADDRESS	2887 HUMBOLDT CIR.	
CITY-ST-ZIP	LONGMONT CO	
TITLE	LM	<input type="checkbox"/> Delete
NAME	KNIGHT, YVONNE	
STREET ADDRESS	1268 WESTVIEW DR.	
CITY-ST-ZIP	BOULDER CO 80303	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Mary Lu Prosser
MARY LU PROSSER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00

Date

303 447-8760

Daytime Phone #

CR2E037 (9/99)