

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90025 009 \*\*\*550.00

**DOCUMENT # P34264**

1. Entity Name

**ROCKY MOUNTAIN CONSULTANTS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

825 DELAWARE AVE  
 STE 500  
 LONGMONT CO 80501  
 US

825 DELAWARE AVE  
 STE 500  
 LONGMONT CO 80501  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**84-0628456**

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

**DEERE, CARMEN G.**  
**6834 SW 35TH WAY**  
**GAINESVILLE FL 32601**

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 **D**  Delete  
 NAME **VECCHI, JENNIFER**  
 STREET ADDRESS **3509 CAMDEN DR**  
 CITY-ST-ZIP **LONGMONT CO**

TITLE **CFO**  Change  Addition  
 NAME **GAYLE MEINING**  
 STREET ADDRESS **825 Delaware Ave, Suite 500**  
 CITY-ST-ZIP **LONGMONT, CO 80501**

TITLE **V**  Delete  
 NAME **DEERE, DON**  
 STREET ADDRESS **6620 FAIRWAYS DR.**  
 CITY-ST-ZIP **LONGMONT CO**

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

TITLE **D**  Delete  
 NAME **SHEEDER, G.W. JR.**  
 STREET ADDRESS **1529 FRONTIER**  
 CITY-ST-ZIP **LONGMONT CO**

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

TITLE **S**  Delete  
 NAME **AULT, DANIEL**  
 STREET ADDRESS **7835 MIDDLEFORK RD.**  
 CITY-ST-ZIP **BOULDER CO**

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

TITLE **P**  Delete  
 NAME **WILSON, LEONARD**  
 STREET ADDRESS **1050 N TABOR DR**  
 CITY-ST-ZIP **CASTLE ROCK CO**

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

TITLE **D**  Delete  
 NAME **SCHULER, WILLIAM**  
 STREET ADDRESS **2770 S. ELMIRA #2**  
 CITY-ST-ZIP **DENVER CO**

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

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:

*Gayle Meaning CFO*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-00

Date

303-772-5282

Daytime Phone #

CR2E034 (9/99)