

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34264

1. Entity Name

ROCKY MOUNTAIN CONSULTANTS, INC.

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

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

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  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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

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

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

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 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)