## 2000 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

## **FILED** DOCUMENT # **P39760** May 24, 2000 8:00 am Secretary of State ROCKY MOUNTAIN CHOCOLATE FACTORY, INC. 05-24-2000 90194 006 \*\*\*150.00 Mailing Address Principal Place of Business 265 TURNER DRIVE 265 TURNER DRIVE DURANGO CO 81301 DURANGO CO 81301-7941 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 84-0910696 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name-C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition **PCDT** ☐ Delete TITLE TITLE NAME CRAIL, FRANKLIN E. NAME STREET ADDRESS STREET ADDRESS **265 TURNER DRIVE** CITY-ST-ZIP CITY-ST-ZIP **DURANGO CO** Officer Director Change TITLE Delete ryan merryman NAME SISSON, EVERETT Turner Dr. STREET ADDRESS 265 TURNER DR STREET ADDRESS CITY-ST-ZIP Durango, CO 81301 CITY-ST-ZIP **DURANGO CO** ☐ Change ☐ Addition TITLE TITI F ☐ Delete TRAINOR, FRED NAME NAME STREET ADDRESS **265 TURNER DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DURANGO CO** ☐ Change ☐ Addition TITLE TITI F ☐ Delete MORTENSON, LEE N. NAME NAME STREET ADDRESS STREET ADDRESS **265 TURNER DRIVE** CITY-ST-ZIP CITY-ST-ZIP **DURANGO CO** ☐ Change ☐ Addition ☐ Delete TITLE TITLE KIEN, GERALD A. NAME NAME STREET ADDRESS STREET ADDRESS 265 TURNER DRIVE CITY-ST-ZIP CITY-ST-ZIP **DURANGO CO** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME PEREZ, VIRGINIA NAME STREET ADDRESS STREET ADDRESS 265 TURNER DR CITY-ST-ZIP CITY-ST-ZIP DURANGO\_CO 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 of 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.