

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000008057

1. Entity Name

STANDARD FUNDING CORPORATION

Principal Place of Business

16155 S.W. 117TH AVE.
#B15
MIAMI FL 33177

Mailing Address

16155 S.W. 117TH AVE.
#B15
MIAMI FL 33177-1617

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name: WILLIAM J. KOPPELMANN
Street Address (P.O. Box Number is Not Acceptable): 16155 SW 117TH AVE B-15
City: MIAMI FL 33177

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)

WILLIAM J. KOPPELMANN, PRESIDENT 4/27/00

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

TITLE ☐ Delete
NAME **D KOPPELMANN, WILLIAM J**
STREET ADDRESS **16155 S.W. 117TH AVE., #B15**
CITY-ST-ZIP **MIAMI FL 33177**

TITLE ☐ Delete
NAME **D PINKERTON, ROBERT A**
STREET ADDRESS **1801 CALIFORNIA STREET, SUITE 3700**
CITY-ST-ZIP **DENVER CO 80202**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIAM J. KOPPELMANN, PRESIDENT 4/27/00

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90048 041 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0863107**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (9/99)