

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 91023 001 11,745.50

DOCUMENT # P96000014723

1. Entity Name

ROLLER HOCKEY OF COLORADO GP, INC.

Principal Place of Business

Mailing Address

**2295 CORPORATE BOULEVARD
 SUITE 222, N.W.
 BOCA RATON FL 33431**

**2295 CORPORATE BOULEVARD
 SUITE 222, N.W.
 BOCA RATON FL 33431**

66581



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0644284

Applied For

Not Applicable

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

**HERRICK, NORTON
 C/O THE HERRICK COMPANY, INC.
 2295 CORPORATE BLVD N.W. STE. 222
 BOCA RATON FL 33431**

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, 2001 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 Delete
 NAME **DCS HERRICK, NORTON**
 STREET ADDRESS **2295 CORPORATE BLVD N.W. STE. 222**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DVAS JACOBS, PAUL**
 STREET ADDRESS **1050 17TH STREET, #1500**
 CITY-ST-ZIP **DENVER CO**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HERRICK, MICHAEL**
 STREET ADDRESS **20 COMMUNITY PL**
 CITY-ST-ZIP **MORRISTOWN NJ 07960**

TITLE Change Addition
 NAME **Herrick, Michael**
 STREET ADDRESS **2 Ridgedale Ave, Ste 370**
 CITY-ST-ZIP **Cedar Knolls, NJ 07927**

TITLE Delete
 NAME **PT KURTZ, STEPHEN**
 STREET ADDRESS **6530 SOUTH YOSEMITE**
 CITY-ST-ZIP **ENGLEWOOD CO 80111**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

VP 3.22.01 561-241-9880

Date

Daytime Phone #

CR2E034 (1/00)