

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90034 024 ****61.25

DOCUMENT # F99000002303

1. Entity Name

THE ORCHARD FOUNDATION INC.

Principal Place of Business

8595 EXPLORER DRIVE
 COLORADO SPRINGS CO 80920

Mailing Address

8595 EXPLORER DRIVE
 COLORADO SPRINGS CO 80920-1012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5225 N. Academy Blvd.

Suite, Apt. #, etc.
100

City & State
Colorado Springs, CO

Zip
80918

Country
USA

3. Mailing Address

P.O. Box 35660

Suite, Apt. #, etc.

City & State
Colorado Springs, CO

Zip
80935-3566

Country
USA

4. FEI Number

84-1466105

Applied For

Not Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

SOKOL, ANN
15010 SHELL POINT BLVD.
FORT MYERS FL 33908

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOSCHIEDER, JAMES J 8595 EXPLORER DRIVE COLORADO SPRINGS CO 80920	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOFFMAN, STEPHEN I 8595 EXPLORER DRIVE COLORADO SPRINGS CO 80920	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ANDREWS, SCOTT R 920 RIVERS AND DEPOTS STREET BOONE NC 28607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC DENHAM, THOMAS C 13911 GOLD CIRCLE, SUITE 210 OMAHA NE 68114-2376	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONARDY, NICHOLAS J DR. 25795 EDINBOROUGH CIRCLE PERRYSBURG OH 43551	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEIL, HARRY 250 CASTLE DRIVE NOKOMIS FL 34275-1832	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Loscheider, James J. 5225 N. Academy Blvd. Colorado Springs, CO 80918	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Hoffman, Stephen I. 5225 North Academy Blvd. Colorado Springs, CO 80918	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Jones, Michael L. 5225 North Academy Blvd. Colorado Springs, CO 80918	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE RECEIVED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen I Hoffman
Stephen I Hoffman, VP Operations

Date

Daytime Phone #

(719) 268-