

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90076 009 \*\*\*150.00

**DOCUMENT # P11655**

1. Entity Name

**COHIG & ASSOCIATES, INC.**  
**EBI SECURITIES CORPORATION**

Principal Place of Business

Mailing Address

6300 S. SYRACUSE WAY  
 SUITE 645  
 ENGLEWOOD CO 80111  
 US

6300 S. SYRACUSE WAY  
 SUITE 645  
 ENGLEWOOD CO 80111-6797  
 US

C0004392



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

84-0980477

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

**NORTON, GREG**  
**1200 N FEDERAL HWY**  
**#325**  
**BOCA RATON FL 33432**

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	CEO	<input type="checkbox"/> Delete
NAME	HINKLE, STEVEN R	
STREET ADDRESS	6300 S SYRACUSE WAY, SUITE 645	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	S	<input type="checkbox"/> Delete
NAME	BEAN, RUSSELL K.	
STREET ADDRESS	6300 SO SYRACUSE WAY, SUITE 645	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	C	<input type="checkbox"/> Delete
NAME	LOWE, TERRI E	
STREET ADDRESS	6300 S. SYRACUSE WAY, SUITE 645	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEWELLING, ELLEN A.	
STREET ADDRESS	6300 SO SYRACUSE WAY, SUITE 645	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LAVIGNE, DAVID	
STREET ADDRESS	6300 S SYRACUSE WAY #645	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*ELLEN A. LEWELLING* 1/5/00 303 694 0295  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #