2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90087 011 ***150.00

DOCUMENT # 510802

1. Entity Name
TCI OF NORTH BROWARD, INC.

DU037640

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9197 S PEORIA ST ENGLEWOOD CO 80112-5833	P.O. BOX 5630 TAX DEPT. DENVER CO 80217-5630

2. Principal Place of Business	3. Mailing Address
188 INVERNESS DR. W.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ENGLEWOOD CO	City & State
Zip: 80112 Country: US	Zip Country

4. FEI Number 59-1654732 ☐ 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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BARTOLOTTA, CHARLES 9197 S PEORIA ST ENGLEWOOD CO 80112-5833	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MAZUR, JAMES M. 188 INVERNESS DR. W. ENGLEWOOD CO 80112	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KOLES, KATHRYN 9197 S PEORIA ST ENGLEWOOD CO 80112-5833	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY MENGE, BRETT 188 INVERNESS DR. W. ENGLEWOOD CO 80112	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AV GOOKIN, NOLAN 9197 S PEORIA ST ENGLEWOOD CO 80112-5833	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER DWYER, EDWARD M. 188 INVERNESS DR. W. ENGLEWOOD CO 80112	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ULLRICH, JOANN 9197 S PEORIA ST ENGLEWOOD CO 80112-5833	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR SOMERS, DANIEL E. 188 INVERNESS DR. W. ENGLEWOOD CO 80112	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FITZGERALD, WILLIAM R 9197 S PEORIA ST ENGLEWOOD CO 80112-5833	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR HUSEBY, MICHAEL P. 188 INVERNESS DR. W. ENGLEWOOD CO 80112	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASST. SECRETARY SHANK, JOHN L. 188 INVERNESS DR. W. ENGLEWOOD CO 80112	☐ Change ☒ Addition

CR2E034 (10/00)

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: John L Shank JOHN L. SHANK, ASST. SEC. 4/12/01 720-875-5322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #