

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 512588

1. Entity Name

MARGATE VIDEO SYSTEMS, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90077 003 \*\*\*150.00

Principal Place of Business

Mailing Address

5619 DTC PARKWAY  
6TH FLOOR  
ENGLEWOOD CO 80111

P.O. BOX 5630  
TAX DEPT.  
DENVER CO 80217-5630

2. Principal Place of Business

3. Mailing Address

9197 SOUTH PEORIA STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ENGLEWOOD CO

City & State

4. FEI Number

59-1693369

Applied For

Not Applicable

Zip

80112-5833

Country

US

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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, 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 PD ☒ Delete  
NAME BARBERINI, THOMAS R.  
STREET ADDRESS 5619 DTC PARKWAY  
CITY-ST-ZIP ENGLEWOOD CO 80111

TITLE S ☐ Change ☒ Addition  
NAME KOLES, KATHRYN  
STREET ADDRESS 9197 SOUTH PEORIA STREET  
CITY-ST-ZIP ENGLEWOOD CO 80112-5833

TITLE PD ☐ Delete  
NAME BARTOLOTTA, CHARLES  
STREET ADDRESS 5619 DTC PARKWAY  
CITY-ST-ZIP ENGLEWOOD CO 80111

TITLE ☒ Change ☐ Addition  
NAME   
STREET ADDRESS 9197 SOUTH PEORIA STREET  
CITY-ST-ZIP ENGLEWOOD CO 80112-5833

TITLE VAS ☒ Delete  
NAME BRETT, STEPHEN M.  
STREET ADDRESS 5619 DTC PARKWAY  
CITY-ST-ZIP ENGLEWOOD CO

TITLE T ☐ Change ☒ Addition  
NAME ULLRICH, JOANN  
STREET ADDRESS 9197 SOUTH PEORIA STREET  
CITY-ST-ZIP ENGLEWOOD CO 80112-5833

TITLE AV ☐ Delete  
NAME GOOKIN, NOLAN  
STREET ADDRESS 5619 DTC PARKWAY  
CITY-ST-ZIP ENGLEWOOD CO 80111

TITLE ☒ Change ☐ Addition  
NAME   
STREET ADDRESS 9197 SOUTH PEORIA STREET  
CITY-ST-ZIP ENGLEWOOD CO 80112-5833

TITLE VAT ☒ Delete  
NAME SCHOTTERS, BERNARD W II  
STREET ADDRESS 5619 DTC PKWY  
CITY-ST-ZIP ENGLEWOOD CO 80111

TITLE D ☐ Change ☒ Addition  
NAME FITZGERALD, WILLIAM R.  
STREET ADDRESS 9197 SOUTH PEORIA STREET  
CITY-ST-ZIP ENGLEWOOD CO 80112-5833

TITLE S ☒ Delete  
NAME HAYES, MARK S  
STREET ADDRESS 5619 DTC PARKWAY  
CITY-ST-ZIP ENGLEWOOD CO 80111

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:

*Nolan D. Gookin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nolan D. Gookin  
Assistant Vice President

Date

7/2/00

720-875-5500  
Daytime Phone #

CR2E034 (9/99)