

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90087 013 ***150.00

DOCUMENT # 571365

1. Entity Name

TCI TKR OF SOUTH DADE, INC.

Principal Place of Business

9197 SOUTH PEORIA ST.
ENGLEWOOD CO 80112-5833
US

Mailing Address

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

2. Principal Place of Business

188 INVERNESS DR. W.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ENGLEWOOD CO

Zip

80112

Country

US

City & State

Zip

Country

4. FEI Number 59-1895795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BARTOLOTTA, CHARLES	
STREET ADDRESS	9197 SOUTH PEORIA ST.	
CITY-ST-ZIP	ENGLEWOOD CO 80112-5833	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KOLES, KATHRYN	
STREET ADDRESS	9197 SOUTH PEORIA ST.	
CITY-ST-ZIP	ENGLEWOOD CO 80112-5833	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ULLRICH, JOANN	
STREET ADDRESS	9197 SOUTH PEORIA ST.	
CITY-ST-ZIP	ENGLEWOOD CO 80112-5833	
TITLE	AV	<input checked="" type="checkbox"/> Delete
NAME	GOOKIN, NOLAN D	
STREET ADDRESS	9197 SOUTH PEORIA ST.	
CITY-ST-ZIP	ENGLEWOOD CO 80112-5833	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FITZGERALD, WILLIAM R	
STREET ADDRESS	9197 SOUTH PEORIA ST.	
CITY-ST-ZIP	ENGLEWOOD CO 80112-5833	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAZUR, JAMES M.	
STREET ADDRESS	188 INVERNESS DR. W.	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENGE, BRETT	
STREET ADDRESS	188 INVERNESS DR. W.	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DWYER, EDWARD M.	
STREET ADDRESS	188 INVERNESS DR. W.	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOMERS, DANIEL E.	
STREET ADDRESS	188 INVERNESS DR. W.	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUSEBY, MICHAEL P.	
STREET ADDRESS	188 INVERNESS DR. W.	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	ASST. SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHANK, JOHN L.	
STREET ADDRESS	188 INVERNESS DR. W.	
CITY-ST-ZIP	ENGLEWOOD CO 80112	

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

JOHN L. SHANK, ASST. SEC. 4/12/01 722-875-5322

Date

Daytime Phone #

CR2E034 (10/00)