

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 590122

1. Entity Name

PARKLAND CABLEVISION, INC.

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

05-16-2000 90077 005 ***150.00

Principal Place of Business

Mailing Address

5619 DTC PARKWAY
TAX DEPT
ENGLEWOOD FL 80111
US

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

2. Principal Place of Business

3. Mailing Address

9197 SOUTH PEORIA STREET
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ENGLEWOOD CO

4. FEI Number

59-1874114

Applied For

Not Applicable

Zip

Country

Zip

Country

80112-5833

US

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

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 AVP ☐ 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 PARKWAY
CITY-ST-ZIP ENGLEWOOD CO

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FITZGERALD, WILLIAM R
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

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:

William R Fitzgerald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00

720-875-5500

CR2E034 (9/99)