

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 8:00 am  
Secretary of State

04-20-2001 90188 029 \*\*\*150.00

DOCUMENT # 590122

1. Entity Name

PARKLAND CABLEVISION, INC.

Principal Place of Business

Mailing Address

9197 S PEORIA ST  
ENGLEWOOD CO 80112-5833  
US

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

852471



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

188 INVERNESS DR. W.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ENGLEWOOD CO

City & State

4. FEI Number 59-1874114

Applied For

Not Applicable

Zip  
80112

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, 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 S  
NAME KOLES, KATHRYN ☒ Delete  
STREET ADDRESS 9197 S PEORIA ST  
CITY-ST-ZIP ENGLEWOOD CO 80112-5833

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME SOMERS, DANIEL E.  
STREET ADDRESS 188 INVERNESS DR. W.  
CITY-ST-ZIP ENGLEWOOD CO 80112

TITLE PD  
NAME BARLOTTA, CHARLES ☒ Delete  
STREET ADDRESS 9197 S PEORIA ST  
CITY-ST-ZIP ENGLEWOOD CO 80112-5833

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME HUSEBY, MICHAEL P.  
STREET ADDRESS 188 INVERNESS DR. W.  
CITY-ST-ZIP ENGLEWOOD CO 80112

TITLE T  
NAME ULLRICH, JOANN ☒ Delete  
STREET ADDRESS 9197 S PEORIA ST  
CITY-ST-ZIP ENGLEWOOD CO 80112-5833

TITLE PRESIDENT ☐ Change ☒ Addition  
NAME MAZUR, JAMES M.  
STREET ADDRESS 188 INVERNESS DR. W.  
CITY-ST-ZIP ENGLEWOOD CO 80112

TITLE AVP  
NAME GOOKIN, NOLAN ☒ Delete  
STREET ADDRESS 9197 S PEORIA ST  
CITY-ST-ZIP ENGLEWOOD CO 80112-5833

TITLE SECRETARY ☐ Change ☒ Addition  
NAME MENGE, BRETT  
STREET ADDRESS 188 INVERNESS DR. W.  
CITY-ST-ZIP ENGLEWOOD CO 80112

TITLE D  
NAME FITZGERALD, WILLIAM R ☒ Delete  
STREET ADDRESS 9197 S PEORIA ST  
CITY-ST-ZIP ENGLEWOOD CO 80112-5833

TITLE TREASURER ☐ Change ☒ Addition  
NAME DWYER, EDWARD M.  
STREET ADDRESS 188 INVERNESS DR. W.  
CITY-ST-ZIP ENGLEWOOD CO 80112

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE ASST. SECRETARY ☐ Change ☒ 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:

*John L. Shank*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN L. SHANK, ASST. SEC. 4/10/01 720-875-5322

Date

Daytime Phone #

CR2E034 (10/00)