

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 592192

1. Entity Name

TCI TKR OF CENTRAL FLORIDA, INC.

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

05-16-2000 90077 011 ***150.00

Principal Place of Business

5619 DTC PARKWAY
TAX DEPT.
ENGLEWOOD CO 80111
US

Mailing Address

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

2. Principal Place of Business

9197 SOUTH PEORIA STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State

ENGLEWOOD CO

City & State

Zip

Country

80112-5833 US

Zip

Country

4. FEI Number

59-1864613

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, 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

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HAYES, MARK S	
STREET ADDRESS	5619 DTC PARKWAY	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BARTOLOTTA, CHARLES	
STREET ADDRESS	5619 DTC PKWY	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	BRETT, STEPHEN M	
STREET ADDRESS	5619 DTC PARKWAY	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	VAT	<input checked="" type="checkbox"/> Delete
NAME	SCHOTTERS, II B W.	
STREET ADDRESS	5619 DTC PARKWAY	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	AV	<input type="checkbox"/> Delete
NAME	GOOKIN, NOLAN D	
STREET ADDRESS	5619 DTC PKWY	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	D	<input type="checkbox"/> Delete
NAME	FITZGERALD, WILLIAM R	
STREET ADDRESS	5619 DTC PKWY	
CITY-ST-ZIP	ENGLEWOOD CO 80111	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL P. HUSEBY	
STREET ADDRESS	9197 SOUTH PEORIA STREET	
CITY-ST-ZIP	ENGLEWOOD CO 80112-5833	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9197 SOUTH PEORIA STREET	
CITY-ST-ZIP	ENGLEWOOD CO 80112-5833	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT E. HIIGEL	
STREET ADDRESS	9197 SOUTH PEORIA STREET	
CITY-ST-ZIP	ENGLEWOOD CO 80112-5833	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9197 SOUTH PEORIA STREET	
CITY-ST-ZIP	ENGLEWOOD CO 80112-5833	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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.

Nolan D. Gookin
Assistant Vice President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00

720-875-5500

CR2E034 (9/99)