

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **592192**

1. Entity Name

TCI TKR OF CENTRAL FLORIDA, INC.**FILED**
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90087 014 ***150.00

B0037637

DO NOT WRITE IN THIS SPACE

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		City & State	
Zip 80112	Country US	Zip	Country
4. FEI Number 59-1864613		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent; and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HUSEBY, MICHAEL P 9197 SOUTH PEORIA ST. ENGLEWOOD CO 80111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 188 INVERNESS DR. W. ENGLEWOOD CO 80112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARLOTTA, CHARLES 9197 SOUTH PEORIA ST. ENGLEWOOD CO 80111 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SOMERS, DANIEL E. 188 INVERNESS DR. W. ENGLEWOOD CO 80112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGEL, SCOTT E 9197 SOUTH PEORIA ST. ENGLEWOOD CO <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ELDER, TERESA 188 INVERNESS DR. W. ENGLEWOOD CO 80112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV GOOKIN, NOLAN D 9197 SOUTH PEORIA ST. ENGLEWOOD CO 80111 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BAILEY, RICK D. 188 INVERNESS DR. W. ENGLEWOOD CO 80112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FITZGERALD, WILLIAM R 9197 SOUTH PEORIA ST. ENGLEWOOD CO 80111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DWYER, EDWARD M. 188 INVERNESS DR. W. ENGLEWOOD CO 80112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SHANK, JOHN L. 188 INVERNESS DR. W. 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: <u>John L. Shank</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		JOHN L. SHANK, ASST. SEC. 4/13/01 720-875-5322 Date Daytime Phone #	

CR2E034 (10/00)