

2000 UNIFORM BUSINESS REPORT (UBR)

0566331

DOCUMENT # 844754

1. Entity Name
JONES INTERCABLE, INC.

FILED

00 JAN 24 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
9697 E MINERAL AVE **P.O. BOX 3309**
ENGLEWOOD CO 80155-0309 **ENGLEWOOD CO 80155-3309**

2. Principal Place of Business 3. Mailing Address
1500 Market Street **1500 Market Street**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Philadelphia, PA **Philadelphia, PA**
Zip Country Zip Country
19102-2148 **USA** **19102-2148** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **84-0613514** 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
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1000003123791-9
-02/04/00--01028--003
******150.00 ****150.00**
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS		
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	STEELE, ELIZABETH M.	
STREET ADDRESS	9697 E. MINERAL AVE.	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	JONES, GLENN R	
STREET ADDRESS	9697 E. MINERAL AVE.	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	O'BRIEN, JAMES B.	
STREET ADDRESS	9697 E. MINERAL AVE.	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WARREN, RUTH E.	
STREET ADDRESS	9697 E. MINERAL AVE.	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	COYLE, KEVIN P.	
STREET ADDRESS	9697 E. MINERAL AVE.	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	ELLIS, LORRI	
STREET ADDRESS	9697 E. MINERAL AVE.	
CITY-ST-ZIP	ENGLEWOOD CO	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ralph J. Roberts	
STREET ADDRESS	1500 Market Street	
CITY-ST-ZIP	Philadelphia, PA 19102-2148	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brian L. Roberts	
STREET ADDRESS	1500 Market Street	
CITY-ST-ZIP	Philadelphia, PA 19102-2148	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lawrence S. Smith	
STREET ADDRESS	1500 Market Street	
CITY-ST-ZIP	Philadelphia, PA 19102-2148	
TITLE	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John R. Alchin	
STREET ADDRESS	1500 Market Street	
CITY-ST-ZIP	Philadelphia, PA 19102-2148	
TITLE	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stanley Wang	
STREET ADDRESS	1500 Market Street	
CITY-ST-ZIP	Philadelphia, PA 19102-2148	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arthur R. Block	
STREET ADDRESS	1500 Market Street	
CITY-ST-ZIP	Philadelphia, PA 19102-2148	

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: Arthur R. Block Arthur R. Block, Vice President 1/20/2000 (215)981-7794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)