

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003188

1. Entity Name

TCI LAKE, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90087 017 ***150.00

80037634



DO NOT WRITE IN THIS SPACE

Principal Place of Business 9197 S PEORIA ST ENGLEWOOD CO 80112-5833 US		Mailing Address P.O. BOX 5630 TAX DEPT ENGLEWOOD CO 80217-5630 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
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		4. FEI Number 83-0300985 Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C T 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. (See criteria on back) <input checked="" type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZGERALD, WILLIAM R 9197 S PEORIA ST ENGLEWOOD CO 80112-5833 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MAZUR, JAMES M. 188 INVERNESS DR. W. ENGLEWOOD CO 80112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEWCOMB, JONATHAN B 9197 S PEORIA ST ENGLEWOOD CO 80112-5833 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MENGE, BRETT 188 INVERNESS DR. W. ENGLEWOOD CO 80112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUMMEL, RONALD L 9197 S PEORIA ST ENGLEWOOD CO 80112-5833 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DWYER, EDWARD M. 188 INVERNESS DR. W. ENGLEWOOD CO 80112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRYAN, STEPHEN C 9197 S PEORIA ST ENGLEWOOD CO 80112-5833 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SOMERS, DANIEL E. 188 INVERNESS DR. W. ENGLEWOOD CO 80112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV GOOKIN, NOLAN 9197 S PEORIA ST ENGLEWOOD CO 80112-5833 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HUSEBY, MICHAEL P. 188 INVERNESS DR. W. ENGLEWOOD CO 80112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. SECRETARY SHANK, JOHN L. 188 INVERNESS DR. W. ENGLEWOOD CO 80112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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>		JOHN L. SHANK, ASST. SEC. 4/13/01 720-875-5322	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/00)