

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H10323

1. Entity Name

TCID OF FLORIDA, INC.

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

05-16-2000 90077 016 \*\*\*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
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2. Principal Place of Business 9197 SOUTH PEORIA STREET Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State ENGLEWOOD CO	City & State
Zip 80112-5833	Country US

4. FEI Number 84-0977942	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_

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"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP GOOKIN, NOLAN 5619 DTC PARKWAY ENGLEWOOD CO 80111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9197 SOUTH PEORIA STREET ENGLEWOOD CO 80112-5833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARLOTTA, CHARLES 5619 DTC PARKWAY ENGLEWOOD CO 80111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9197 SOUTH PEORIA STREET ENGLEWOOD CO 80112-5833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KNOWLES, PETER 5619 DTC PARKWAY ENGLEWOOD CO 80111 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HUSEBY, MICHAEL P. 9197 SOUTH PEORIA STREET ENGLEWOOD CO 80112-5833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT SCHOTTERS, II B W. 5619 DTC PARKWAY ENGLEWOOD CO <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS BRETT, STEPHEN M 5619 DTC PARKWAY ENGLEWOOD CO <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZGERALD, WILLIAM R 5619 DTC PARKWAY ENGLEWOOD CO 80111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9197 SOUTH PEORIA STREET 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.

**SIGNATURE:** Nolan D. Gookin **Assistant Vice President** 4/24/00 720-875-5500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)