

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90129 013 ***150.00

DOCUMENT # H30045

1. Entity Name

ATLANTIC AMERICAN CABLEVISION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

9197 S. PEORIA ST.
ENGLEWOOD CO 80112
US

P.O. BOX 5630
DENVER CO 80217

2. Principal Place of Business

188 INVERNESS DR. W.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ENGLEWOOD CO

City & State

Zip

80112

Country

US

Zip

Country

4. FEI Number 59-2485830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. SECRETARY JOHN L. SHANK 188 INVERNESS DR. W. ENGLEWOOD CO 80112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JAMES M. MAZUR 188 INVERNESS DR. W. ENGLEWOOD CO 80112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY, VP, AT BRETT MENGE 188 INVERNESS DR. W. ENGLEWOOD CO 80112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER EDWARD M. DWYER 188 INVERNESS DR. W. ENGLEWOOD CO 80112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DANIEL E. SOEMRS 188 INVERNESS DR. W. ENGLEWOOD CO 80112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MICHAEL P. HUSEBY 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)(l), 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:

JOHN L. SHANK

ASST. SEC. 4/10/01 720-875-5322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)