

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 9197 S. PEORIA ST. ENGLEWOOD CO 80112 US	Mailing Address P.O. BOX 5630 DENVER CO 80217
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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

4. FEI Number **59-2485830** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

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
State 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 _____

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAYES, MARK C 5619 DTC PARKWAY ENGLEWOOD CO 80111 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARTOLOTTA, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOHN L. SHANK 188 INVERNESS DR. W. ENGLEWOOD CO 80112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JAMES M. MAZUR 188 INVERNESS DR. W. ENGLEWOOD CO 80112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY, VP, AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BRETT MENGE 188 INVERNESS DR. W. ENGLEWOOD CO 80112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition EDWARD M. DWYER 188 INVERNESS DR. W. ENGLEWOOD CO 80112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DANIEL E. SOEMRS 188 INVERNESS DR. W. ENGLEWOOD CO 80112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MICHAEL P. HUSEBY 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)(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 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)