

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J35563

1. Entity Name

TCI CABLEVISION OF FLORIDA, INC.

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

05-16-2000 90077 006 ***150.00

Principal Place of Business

5619 DTC PARKWAY
TAX DEPT.
ENGLEWOOD CO 80111
US

Mailing Address

PO BOX 5630
TAX DEPT
DENVER CO 80217-5630

2. Principal Place of Business

3. Mailing Address

9197 SOUTH PEORIA STREET
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ENGLEWOOD CO

City & State

Zip Country
80112-5833 US

Zip Country

4. FEI Number **84-1036950**

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, 2000 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 PD
NAME FITZGERALD, WILLIAM R
STREET ADDRESS 5619 DTC PKWY
CITY-ST-ZIP ENGLEWOOD CO 80111 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9197 SOUTH PEORIA STREET
CITY-ST-ZIP ENGLEWOOD CO 80112-5833

TITLE VD
NAME BARTOLOTTA, CHARLES
STREET ADDRESS 5619 DTC PKWY
CITY-ST-ZIP ENGLEWOOD CO 80111 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9197 SOUTH PEORIA STREET
CITY-ST-ZIP ENGLEWOOD CO 80112-5833

TITLE AV
NAME GOOKIN, NOLAN D
STREET ADDRESS 5619 DTC PKWY
CITY-ST-ZIP ENGLEWOOD CO 80111 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9197 SOUTH PEORIA STREET
CITY-ST-ZIP ENGLEWOOD CO 80112-5833

TITLE VS
NAME BRETT, STEPHEN M
STREET ADDRESS 5619 DTC PARKWAY
CITY-ST-ZIP ENGLEWOOD CO 80111 ☒ Delete

TITLE ☐ Change ☒ Addition
NAME VP/S/T
STREET ADDRESS HUSEBY, MICHAEL P.
CITY-ST-ZIP 9197 SOUTH PEORIA STREET
ENGLEWOOD CO 80112-5833

TITLE VT
NAME SCHOTTERS, BERNARD W II
STREET ADDRESS 5619 DTC PARKWAY
CITY-ST-ZIP ENGLEWOOD CO ☒ Delete

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS HIIGEL, SCOTT E.
CITY-ST-ZIP 9197 SOUTH PEORIA STREET
ENGLEWOOD CO 80112-5833

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

Nolan D. Gookin

Assistant Vice President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

720-875-5500

CR2E034 (9/99)