

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J55317

1. Entity Name

ATLANTIC CABLEVISION OF FLORIDA, INC.

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

05-16-2000 90077 001 \*\*\*150.00

Principal Place of Business

Mailing Address

5619 DTC PARKWAY  
 TAX DEPT.  
 ENGLEWOOD CO 80111  
 US

P.O. BOX 5630  
 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

4. FEI Number

84-1055229

Applied For

Not Applicable

Zip

80112-5833

Country

US

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

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  Delete  
 NAME VSD  
 STREET ADDRESS BRETT, STEPHEN M  
 CITY-ST-ZIP 5619 DTC PARKWAY  
 ENGLEWOOD CO

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

TITLE  Delete  
 NAME PD  
 STREET ADDRESS HINDERY, LEO  
 CITY-ST-ZIP 5619 DTC PKWY  
 ENGLEWOOD CO 80111

TITLE  Change  Addition  
 NAME D/P  
 STREET ADDRESS SOMERS, DANIEL E.  
 CITY-ST-ZIP 9197 SOUTH PEORIA STREET  
 ENGLEWOOD CO 80112-5833

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

TITLE  Change  Addition

TITLE  Delete  
 NAME AV  
 STREET ADDRESS GOOKIN, NOLAN  
 CITY-ST-ZIP 5619 DTC PARKWAY  
 ENGLEWOOD CO

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

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  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.

Nolan D. Gookin  
 Assistant Vice President

7/24/00

720-875-5500

SIGNATURE:

*Nolan D. Gookin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)