

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J55317**

1. Entity Name

ATLANTIC CABLEVISION OF FLORIDA, INC.**FILED**
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90274 037 ***150.00

Principal Place of Business

Mailing Address

**9197 S PEORIA ST
ENGLEWOOD CO 80112-5833
US****P.O. BOX 5630
DENVER CO 80217****645160**

DO NOT WRITE IN THIS SPACE

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

Zip

Country

4. FEI Number **84-1055229**

Applied For

Not Applicable

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

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

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 date 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **VSTD** ☐ Delete
NAME **HUSEBY, MICHAEL P**
STREET ADDRESS **9197 S PEORIA ST**
CITY-ST-ZIP **ENGLEWOOD CO 80112-5833**TITLE **PD** ☒ Delete
NAME **HINDERY, LEO**
STREET ADDRESS **5619 DTC PKWY**
CITY-ST-ZIP **ENGLEWOOD CO 80111**TITLE **DP** ☐ Delete
NAME **SOMERS, DANIEL E**
STREET ADDRESS **9197 S PEORIA ST**
CITY-ST-ZIP **ENGLEWOOD CO 80112-5833**TITLE **AV** ☒ Delete
NAME **GOOKIN, NOLAN**
STREET ADDRESS **9197 S PEORIA ST**
CITY-ST-ZIP **ENGLEWOOD CO 80112-5833**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS **188 INVERNESS DR. W.**
CITY-ST-ZIP **ENGLEWOOD CO 80112**TITLE **VP/S** ☐ Change ☒ Addition
NAME **RICK D. BAILEY**
STREET ADDRESS **188 INVERNESS DR. W.**
CITY-ST-ZIP **ENGLEWOOD CO 80112**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **188 INVERNESS DR. W.**
CITY-ST-ZIP **ENGLEWOOD CO 80112**TITLE **T** ☐ Change ☒ Addition
NAME **EDWARD M. DWYER**
STREET ADDRESS **188 INVERNESS DR. W.**
CITY-ST-ZIP **ENGLEWOOD CO 80112**TITLE **ASST. SEC** ☐ Change ☒ Addition
NAME **JOHN L. SHANK**
STREET ADDRESS **188 INVERNESS DR. W.**
CITY-ST-ZIP **ENGLEWOOD CO 80112**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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN L. SHANK, ASST. SEC.

Date

4/10/01

Date of Phone #

720-875-5322

CR2E034 (10/00)