

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001609

1. Entity Name  
CAPTION COLORADO, L.L.C.

FILED

01 JUL -9 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
7935 E PRENTICE AVE  
SUITE 201  
ENGLEWOOD CO 80111

Mailing Address  
7935 E PRENTICE AVE  
SUITE 201  
ENGLEWOOD CO 80111



DO NOT WRITE IN THIS SPACE

5334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 84-1482374

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

500004474685--2  
-07/13/01--01072--010  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
POLUMBUS, R.T.  
7935 E PRENTICE AVE #301  
ENGLEWOOD CO 80111

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*R.T. Polumbus*

RT Polumbus

7/2/01

720 489-5662

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, RECEIVER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0028927 AF

CR2E083 (11/00)