

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01256

1. Entity Name

ATLANTIC AMERICAN CABLEVISION, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90066 044 ***150.00

Principal Place of Business

9197 S PEORIA ST
ENGLEWOOD CO 80112-5833
US

Mailing Address

P.O. BOX 5630
TAX DEPT.
DENVER CO 80217
US

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 59-2416527

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

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, 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 AVP
NAME GOOKIN, NOLAN
STREET ADDRESS 9197 S PEORIA ST
CITY-ST-ZIP ENGLEWOOD CO 80112-5833 ☐ Delete

TITLE VSTD
NAME HUSEBY, MICHAEL P
STREET ADDRESS 9197 S PEORIA ST
CITY-ST-ZIP ENGLEWOOD CO 80112-5833 ☐ Delete

TITLE PD
NAME SOMERS, DANIEL E
STREET ADDRESS 9197 S PEORIA ST
CITY-ST-ZIP ENGLEWOOD CO 80112-5833 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ASSISTANT SECRETARY
NAME SHANK, JOHN L.
STREET ADDRESS 188 INVERNESS DR. W.
CITY-ST-ZIP ENGLEWOOD CO 80112 ☐ Change ☒ Addition

TITLE DIRECTOR
NAME
STREET ADDRESS 188 INVERNESS DR. W.
CITY-ST-ZIP ENGLEWOOD CO 80112 ☒ Change ☐ Addition

TITLE DIRECTOR/PRESIDENT
NAME
STREET ADDRESS 188 INVERNESS DR. W.
CITY-ST-ZIP ENGLEWOOD CO 80112 ☒ Change ☐ Addition

TITLE SEC/VP
NAME BAILEY, RICK D.
STREET ADDRESS 188 INVERNESS DR. W.
CITY-ST-ZIP ENGLEWOOD CO 80112 ☐ Change ☒ Addition

TITLE TREASURER
NAME DWYER, EDWARD M.
STREET ADDRESS 188 INVERNESS DR. W.
CITY-ST-ZIP ENGLEWOOD CO 80112 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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.

SIGNATURE:

John L. Shank
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN L. SHANK, ASST. SEC.

4/16/01

720-875-5322

Date

Daytime Phone #

CR2E034 (10/00)