

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-16-2000 90077 014 ***150.00

DOCUMENT # P09773

1. Entity Name

TCI TKR OF SOUTH FLORIDA, INC.

C0091986



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

5619 DTC PARKWAY
 TAX DEPT.
 ENGLEWOOD CO 80111
 US

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

2. Principal Place of Business

3. Mailing Address

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

Suite, Apt. #, etc.

City & State

City & State

ENGLEWOOD CO

Zip
80112-5833

Country
US

Zip

Country

4. FEI Number

59-2636535

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

CT CORPORATION SYSTEM
C/O CT 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	S	<input checked="" type="checkbox"/> Delete
NAME	HAYES, MARK S	
STREET ADDRESS	5619 DTC PARKWAY	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BARTOLOTTA, CHARLES	
STREET ADDRESS	5619 DTC PKWY	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	BRETT, STEPHEN M	
STREET ADDRESS	5619 DTC PARKWAY	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	VAT	<input checked="" type="checkbox"/> Delete
NAME	SCHOTTERS, II B W.	
STREET ADDRESS	5619 DTC PARKWAY	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	AV	<input type="checkbox"/> Delete
NAME	GOOKIN, NOLAN D	
STREET ADDRESS	5619 DTC PARKWAY	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	D	<input type="checkbox"/> Delete
NAME	FITZGERALD, WILLIAM	
STREET ADDRESS	5619 DTS PKWY	
CITY-ST-ZIP	ENGLEWOOD CO 80111	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOLES, KATHRYN	
STREET ADDRESS	9197 SOUTH PEORIA STREET	
CITY-ST-ZIP	ENGLEWOOD CO 80112-5833	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9197 SOUTH PEORIA STREET	
CITY-ST-ZIP	ENGLEWOOD CO 80112-5833	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ULLRICH, JOANN	
STREET ADDRESS	9197 SOUTH PEORIA STREET	
CITY-ST-ZIP	ENGLEWOOD CO 80112-5833	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9197 SOUTH PEORIA STREET	
CITY-ST-ZIP	ENGLEWOOD CO 80112-5833	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9197 SOUTH PEORIA STREET	
CITY-ST-ZIP	ENGLEWOOD CO 80112-5833	

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:

Nolan D. Gookin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/00

Daytime Phone #

720-875-5500

CR2E034 (9/99)