

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90087 018 ***150.00

DOCUMENT # P37277

1. Entity Name

TCI TKR OF THE GULF PLAINS, INC.

Principal Place of Business

**9197 SOUTH PEORIA ST.
 ENGLEWOOD CO 80112-5833
 US**

Mailing Address

**PO BOX 5630
 TAX DEPT
 DENVER CO 80217
 US**

2. Principal Place of Business

188 INVERNESS DR. W.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ENGLEWOOD CO

City & State

Zip

80112

Country

US

Zip

Country

4. FEI Number

59-2638402

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 C/O CT 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 NAME STREET ADDRESS CITY-ST-ZIP	T ULRICH, JOANN 9197 SOUTH PEORIA ST. ENGLEWOOD CO 80112-5833	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARLOTTA, CHARLES 9197 SOUTH PEORIA ST. ENGLEWOOD CO 80111	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOLES, KATHRYN 9197 SOUTH PEORIA ST. ENGLEWOOD CO	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV GOOKIN, NOLAN 9197 SOUTH PEORIA ST. ENGLEWOOD CO 80112-5833	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZGERALD, WILLIAM R 9197 SOUTH PEORIA ST. ENGLEWOOD CO 80112-5833	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MAZUR, JAMES M. 188 INVERNESS DR. W. ENGLEWOOD CO 80112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MENGE, BRETT 188 INVERNESS DR. W. ENGLEWOOD CO 80112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DWYER, EDWARD M. 188 INVERNESS DR. W. ENGLEWOOD CO 80112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SOMERS, DANIEL E. 188 INVERNESS DR. W. ENGLEWOOD CO 80112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HUSEBY, MICHAEL P. 188 INVERNESS DR. W. ENGLEWOOD CO 80112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. SECRETARY SHANK, JOHN L. 188 INVERNESS DR. W. ENGLEWOOD CO 80112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN L. SHANK, ASST. SEC.

Date

4/12/01

Daytime Phone #

720-875-5322

CR2E034 (10/00)