

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000024628

1. Entity Name

SCA-FLORIDA HOLDINGS (I) INCORPORATED

Principal Place of Business

Mailing Address

7670 S. CHESTER STREET
STE 100
ENGLEWOOD CO 80112
US

7777 MARKET CENTER AVE.
C/O MARKET CENTER AVE.
EL PASO TX 79912-8411
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CDCE
SELLERS, SCOT
7670 S CHESTER ST, STE 100
ENGLEWOOD CO 80-1123 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C/D/CEO
R. Scot Sellers
7670 S. Chester Street, Suite 100
Englewood, CO 80112 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVT
KELL, WILLIAM
777 MARKET CENTER AVENUE
EL PASO TX 79912 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SV/T
William Kell
7777 Market Center Avenue
El Paso, TX 79912 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MDCO
WHELAN, PATRICK R
7670 S CHESTER ST, STE 100
ENGLEWOOD CO 80112 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MD
FREEMAN, J LINDSAY
SIX PIEDMONT CENTER, SUITE 600
ATLANTA GA 30305 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVS
KLOPF, JEFFREY A.
125 LINCOLN AVE
SANTA FE NM 87501 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Assistant S
Jeffrey A. Klopff
125 Lincoln Avenue
Santa Fe, NM 87501 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVCF
MUELLER JR., CHARLES E
7670 S. CHESTER ST., STE 100
ENGLEWOOD CO 80112 ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Kell

Date

915-877-3900

Daytime Phone #

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90011 047 ***150.00

00017104



DO NOT WRITE IN THIS SPACE

4. FEI Number 74-2718476

Applied For
Not Applicable

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