

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

02-07-2000 90011 047 \*\*\*150.00

**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

00017104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**74-2718476**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CDCE</b> <b>SELLERS, SCOT</b> <b>7670 S CHESTER ST, STE 100</b> <b>ENGLEWOOD CO 80-1123</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/D/CEO</b> <b>R. Scot Sellers</b> <b>7670 S. Chester Street, Suite 100</b> <b>Englewood, CO 80112</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVT</b> <b>KELL, WILLIAM</b> <b>777 MARKET CENTER AVENUE</b> <b>EL PASO TX 79912</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SV/T</b> <b>William Kell</b> <b>7777 Market Center Avenue</b> <b>El Paso, TX 79912</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MDCO</b> <b>WHELAN, PATRICK R</b> <b>7670 S CHESTER ST, STE 100</b> <b>ENGLEWOOD CO 80112</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MD</b> <b>FREEMAN, J LINDSAY</b> <b>SIX PIEDMONT CENTER, SUITE 600</b> <b>ATLANTA GA 30305</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVS</b> <b>KLOPF, JEFFREY A.</b> <b>125 LINCOLN AVE</b> <b>SANTA FE NM 87501</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant S</b> <b>Jeffrey A. Klopff</b> <b>125 Lincoln Avenue</b> <b>Santa Fe, NM 87501</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVCF</b> <b>MUELLER JR., CHARLES E</b> <b>7670 S. CHESTER ST., STE 100</b> <b>ENGLEWOOD CO 80112</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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

**William Kell**

Date

Daytime Phone #

**915-877-3900**