

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J31042**

1. Entity Name

SEMINOLE RACING, INC.**FILED**
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90052 037 ***150.00

Principal Place of Business

Mailing Address

**438 MAIN ST.
BUFFALO FL 14202****438 MAIN ST.
BUFFALO FL 14202-3207**

2. Principal Place of Business

40 Fountain Plaza

3. Mailing Address

40 Fountain Plaza

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Buffalo, NY

City & State

Buffalo, NY

4. FEI Number

94-3023897

Applied For

Not Applicable

Zip

14202

Country

Erie

Zip

14202

Country

Erie5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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, 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**TITLE **P** ☐ DeleteNAME **BIDDIX, PATRICK**
STREET ADDRESS **2000 SEMINOLA BLVD.**
CITY-ST-ZIP **CASSELBERRY FL 32707-3799**TITLE **VD** ☐ DeleteNAME **SULTEMEIER, RONALD A**
STREET ADDRESS **438 MAIN ST.**
CITY-ST-ZIP **BUFFALO FL 14202**TITLE **TD** ☒ DeleteNAME **FRANCATI, DANIEL G**
STREET ADDRESS **438 MAIN ST.**
CITY-ST-ZIP **BUFFALO FL 14202**TITLE **S** ☒ DeleteNAME **SPEARS, DIANE C**
STREET ADDRESS **438 MAIN ST.**
CITY-ST-ZIP **BUFFALO FL 14202**TITLE **D** ☐ DeleteNAME **BISSETT, WILLIAM J**
STREET ADDRESS **438 MAIN ST**
CITY-ST-ZIP **BUFFALO NY 14202**TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ AdditionNAME
STREET ADDRESS **40 Fountain Plaza**
CITY-ST-ZIPTITLE ☐ Change ☒ AdditionNAME **Treasurer**
STREET ADDRESS **Michael D. Corbin**
CITY-ST-ZIP **40 Fountain Plaza
Buffalo, NY 14202**TITLE ☐ Change ☒ AdditionNAME **Secretary**
STREET ADDRESS **Janice R. Trybus**
CITY-ST-ZIP **40 Fountain Plaza
Buffalo, NY 14202**TITLE ☒ Change ☐ AdditionNAME
STREET ADDRESS **40 Fountain Plaza**
CITY-ST-ZIPTITLE ☐ Change ☒ AdditionNAME **Director**
STREET ADDRESS **Michael D. Corbin**
CITY-ST-ZIP **40 Fountain Plaza
Buffalo, NY 14202**

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:**Ronald A. Sultemeier****(716)858-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #