

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 176875

1. Entity Name

EVERGLADES SPORTSERVICE INC

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90050 003 \*\*\*150.00

Principal Place of Business

Mailing Address

438 MAIN ST  
BUFFALO NY 14202

438 MAIN ST  
BUFFALO NY 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

16-0778226

Applied For

Not Applicable

Zip

14202

Country

Erie

Zip

14202

Country

Erie

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  
1200 S. PINE ISLAND ROAD  
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	D	<input type="checkbox"/> Delete
NAME	RAHUBA, JESSICA	
STREET ADDRESS	438 MAIN ST	
CITY-ST-ZIP	BUFFALO, NY 00000	
TITLE	T	<input type="checkbox"/> Delete
NAME	OTT, ELLEN F	
STREET ADDRESS	438 MAIN STREET	
CITY-ST-ZIP	BUFFALO NY 14202	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PARKER, NANCY J	
STREET ADDRESS	438 MAIN STREET	
CITY-ST-ZIP	BUFFALO NY 14202	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLER, BRYAN J	
STREET ADDRESS	438 MAIN ST.	
CITY-ST-ZIP	BUFFALO NY	
TITLE	S	<input type="checkbox"/> Delete
NAME	TRYBUS, JANICE R.	
STREET ADDRESS	438 MAIN ST	
CITY-ST-ZIP	BUFFALO, NY 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	40 Fountain Plaza
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	40 Fountain Plaza
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	40 Fountain Plaza
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	40 Fountain Plaza
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Nancy J. Parker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(716) 858-5000

Daytime Phone #

CR2E034 (9/99)