

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90111 049 ***150.00

DOCUMENT # 176875**1. Entity Name**
EVERGLADES SPORTSERVICE INC**Principal Place of Business****40 FOUNTAIN PLAZA**
BUFFALO NY 14202**Mailing Address****40 FOUNTAIN PLAZA**
BUFFALO NY 14202**2. Principal Place of Business**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**16-0778226**

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**
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, 2002 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	RAHUBA, JESSICA	40 FOUNTAIN PLAZA BUFFALO NY				
	T	OTT, ELLEN F	40 FOUNTAIN PLAZA BUFFALO NY 14202				
	PD	PARKER, NANCY J	40 FOUNTAIN PLAZA BUFFALO NY 14202		PD	Biello, Nicholas	40 Fountain Plaza Buffalo, NY 14202
	D	KELLER, BRYAN J	40 FOUNTAIN PLAZA BUFFALO NY				
	S	TRYBUS, JANICE R.	40 FOUNTAIN PLAZA BUFFALO NY				
					COO	Houser, James W.	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:**

Ellen F. Ott

4/9/02

(716) 858-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)