

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90167 035 \*\*\*150.00

0618998 AT

**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**

**3. Mailing Address**

Suite, Apt. #, etc.

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**

☒ **CHECK HERE IF MAKING CHANGES**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	RAHUBA, JESSICA	
STREET ADDRESS	40 FOUNTAIN PLAZA	
CITY-ST-ZIP	BUFFALO NY	
TITLE	T	<input type="checkbox"/> Delete
NAME	OTT, ELLEN F	
STREET ADDRESS	40 FOUNTAIN PLAZA	
CITY-ST-ZIP	BUFFALO NY 14202	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BIELLO, NICHOLAS	
STREET ADDRESS	40 FOUNTAIN PLAZA	
CITY-ST-ZIP	BUFFALO NY 14202	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLER, BRYAN J	
STREET ADDRESS	40 FOUNTAIN PLAZA	
CITY-ST-ZIP	BUFFALO NY	
TITLE	S	<input type="checkbox"/> Delete
NAME	TRYBUS, JANICE R.	
STREET ADDRESS	40 FOUNTAIN PLAZA	
CITY-ST-ZIP	BUFFALO NY	
TITLE	COO	<input type="checkbox"/> Delete
NAME	HOUSER, JAMES W	
STREET ADDRESS	40 FOUNTAIN PLAZA	
CITY-ST-ZIP	BUFFALO NY 14202	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNBACH, JOHN P.	
STREET ADDRESS	40 FOUNTAIN PLAZA	
CITY-ST-ZIP	BUFFALO, NY 14202	
TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *EVERGLADES SPORTSERVICE INC*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/21/03**  
Date

**(716) 858-5000**  
Daytime Phone #

CR2E034 (10/02)