

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 178834**

1. Entity Name

VOLUSIA JAI-ALAI, INC.**FILED**
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90052 034 ***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

3. Mailing Address

40 Fountain Plaza**40 Fountain Plaza**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Buffalo, NY**Buffalo, NY**

4. FEI Number

22-1633473

Applied For

Not Applicable

Zip

Country

Zip

Country

14202**Erie****14202****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 SOUTH PINE ISLAND RD.
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 State10. 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
**PTD
OLSEN, HARRY J.
438 MAIN ST.
BUFFALO NY 14202** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
40 Fountain Plaza ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BISSETT, WILLIAM J
438 MAIN ST.
BUFFALO NY 14202** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
40 Fountain Plaza ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COBD
SULTEMEIER, RONALD A
438 MAIN ST.
BUFFALO NY 14202** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
40 Fountain Plaza ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SPEARS, DIANE C
438 MAIN ST
BUFFALO NY** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
40 Fountain Plaza ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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

Ronald A. Sultemeier

Date

Daytime Phone #

(716)858-5000