

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 820890

1. Entity Name

SPORTSERVICE CORPORATION

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

04-12-2000 90075 012 \*\*\*150.00

Principal Place of Business

438 MAIN STREET  
BUFFALO NEW YORK 14202

Mailing Address

438 MAIN STREET  
BUFFALO NEW YORK 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

16-0848422

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

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 NAME STREET ADDRESS CITY-ST-ZIP	S TRYBUS, JANICE R. 438 MAIN STREET BUFFALO NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARRIERE, VINCENT M 438 MAIN STREET BUFFALO NY 14202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLER, BRYAN J. 438 MAIN STREET BUFFALO NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO JACOBS, JEREMY M JR 438 MAIN STREET BUFFALO NY 14202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAHUBA, JESSICA 438 MAIN STREET BUFFALO NY 14202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARKER, NANCY 438 MAIN STREET BUFFALO NY 14202	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

Nancy J. Parker

Date

(716)858-5000

Daytime Phone #