

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005154

1. Entity Name

BENCHMARK SEMINOLE PROPERTIES, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90088 040 ***150.00

Principal Place of Business	Mailing Address
4053 MAPLE ROAD AMHERST NY 14226	4053 MAPLE ROAD AMHERST NY 14226-1058

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	16-1448288	Applied For
		Not Applicable

5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required
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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 _____ (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	DP NARINS, CLARKE H 4053 MAPLE ROAD AMHERST NY 14226 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GELLMAN, ARTHUR M 4053 MAPLE ROAD AMHERST NY 14226 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GELLMAN, GEORGE I 4053 MAPLE ROAD AMHERST NY 14226 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BIRTCH, P. JEFFREY 4053 MAPLE ROAD AMHERST NY 14226 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE 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: P. Jeffrey Birtch Vice President 4/25/00 (716) 833-4986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)