

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002500

1. Entity Name

TRIPIFOODS, INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90146 015 ***550.00

Principal Place of Business

1427 WILLIAM STREET
BUFFALO NY 14206

Mailing Address

1427 WILLIAM STREET
BUFFALO NY 14206-1807

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

16-0665880

Applied For

Not Applicable

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 ROAD
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 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 ☐ Delete
NAME V
STREET ADDRESS WOLSKI, ROBERT N
CITY-ST-ZIP 91 RADCLIFF
GETZVILLE NY 14068

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
STREET ADDRESS TRIPI, JOSEPH C
CITY-ST-ZIP 143 BERRYMAN DR
SNYDER NY 14226

TITLE ☒ Change ☐ Addition
NAME SVP
STREET ADDRESS SAME
CITY-ST-ZIP SAME

TITLE ☒ Delete
NAME C
STREET ADDRESS TRIPI, CARL J
CITY-ST-ZIP 615 MOUNTAINVIEW DRIVE
LEWISTON NY 14092

TITLE ☐ Change ☒ Addition
NAME CHAIRMAN
STREET ADDRESS KIT D. DIETZ
CITY-ST-ZIP 1427 WILLIAMS STREET
BUFFALO, NY 14206

TITLE ☐ Delete
NAME D
STREET ADDRESS BANTA, ROBERT R
CITY-ST-ZIP 158 WILLARDSHIRE ROAD
EAST AURORA NY 14502

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS DUTTON, ANTHONY L
CITY-ST-ZIP 6692 NW 25TH WAY
BOCA RATON FL 33496

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME PRESIDENT
STREET ADDRESS GREGORY G. TRIPI
CITY-ST-ZIP 48 SHALAMAR COURT
AMHERST, NY 14068

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

ROBERT N WOLSKI

Date

Daytime Phone #

6/15/00 (716) 853-7400

CF 127.2 (9/91)