

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90603 029 ***150.00

0603543

DOCUMENT # F95000002600

1. Entity Name

SOVRAN HOLDINGS, INC.

Principal Place of Business

5166 MAIN ST.
WILLIAMSVILLE NY 14221

Mailing Address

5166 MAIN ST.
WILLIAMSVILLE NY 14221

2. Principal Place of Business

6467 MAIN ST

3. Mailing Address

6467 MAIN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BUFFALO NY

City & State

BUFFALO NY

Zip

14221

Country

Zip

14221

Country

4. FEI Number 16-1480867

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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, 2001 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
CD
ATTEA, ROBERT J
5166 MAIN ST.
WILLIAMSVILLE NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
MYSZKA, KENNETH F
5166 MAIN ST.
WILLIAMSVILLE NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LANNON, CHARLES E
5166 MAIN ST.
WILLIAMSVILLE NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROGERS, DAVID L
5166 MAIN ST.
WILLIAMSVILLE NY ☐ 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
6467 MAIN ST ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6467 MAIN ST ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6467 MAIN ST. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6467 MAIN ST. ☒ 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: *David Rogers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Rogers

2/7/01

Date

716-633-1850

Daytime Phone #

CR2E034 (10/00)