

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-28-2000 90067 008 ***150.00

DOCUMENT # F95000004492

1. Entity Name

CONESTOGA-ROVERS & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

**2055 NIAGARA FALLS BLVD #3
 NIAGARA FALLS NY 14304**

**2055 NIAGARA FALLS BLVD #3
 NIAGARA FALLS NY 14304-5702**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **16-1229774**

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

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	DCP	<input type="checkbox"/> Delete
NAME	ROVERS, FRANK A	
STREET ADDRESS	14 POST HORN PL	
CITY-ST-ZIP	WATERLOO, ONTARIO N2L -5E9	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MONTEITH, BRUCE	
STREET ADDRESS	231 OLD ABBEYE RD	
CITY-ST-ZIP	WATERLOO, ONTARIO N2K -3A1	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SHEPHERD, RICHARD	
STREET ADDRESS	252 SHAGBARK CT	
CITY-ST-ZIP	WATERLOO, ONTARIO N2K -2Z7	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KAY, JAMES K	
STREET ADDRESS	10 JAMES CT	
CITY-ST-ZIP	HEIDELBERG, ONTARIO NOB -1Y0	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HAYCOCK, DONALD H	
STREET ADDRESS	3 GRAND RIVER DR	
CITY-ST-ZIP	WATERLOO, ONTARIO N2J -4G8	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ROBERTS, EDWARD	
STREET ADDRESS	367 FORESTLAWN RD	
CITY-ST-ZIP	WATERLOO, ONTARIO N2K -2J4	

TITLE	See attached	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

Feb 14 / 200 519 8840510

CR2E034 (9/99)