

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005910

1. Entity Name

ARAMARK SPORTS & ENTERTAINMENT GROUP, INC.

Principal Place of Business

Mailing Address

1101 MARKET STREET  
PHILADELPHIA PA 19107

1101 MARKET STREET  
PHILADELPHIA PA 19107-2934

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

23-2573588

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, 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	DP	<input type="checkbox"/> Delete
NAME	CHARLES GILLESPIE	
STREET ADDRESS	1101 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	S	<input type="checkbox"/> Delete
NAME	PRISCILLA BODNAR	
STREET ADDRESS	1101 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19107	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BARBARA AUSTELL	
STREET ADDRESS	1101 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MICHAEL J. O'HARA	
STREET ADDRESS	1101 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19107	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
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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 REGISTERED AGENT, OFFICER OR DIRECTOR

4/30/2000 215-238-3162

Date

Daytime Phone #