

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0019478 AF

DOCUMENT # L980000000080

1. Entity Name

PREMIER CORPORATE CENTER, L.C.

00 APR 22 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

% CIMINELLI DEVELOPMENT COMPANY, INC.  
350 ESSJAY ROAD, SUITE 101  
WILLIAMSVILLE NY 14221

Mailing Address

% CIMINELLI DEVELOPMENT COMPANY, INC.  
350 ESSJAY ROAD, SUITE 101  
WILLIAMSVILLE NY 14221-8200



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2387289

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

mwm

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAILIN, LAWRENCE J  
401 EAST JACKSON STREET, SUITE 2200  
TAMPA FL 33602

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MBR  
CIMINELLI, FRANK L  
4994 STRICKLER RD  
CLARENCE NY 14031 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition  
400003241334--2  
-05/05/00--01089--009  
\*\*\*\*\$50.00

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MBR  
CIMINELLI, PAUL F  
89 MAYNARD DR  
EGGERTSVILLE NY 14226 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MBR  
CIMINELLI, JOHN A  
6350 WOODLAND CT  
EAST AMHERST NY 14051 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
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CITY- ST- ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/19/00

Date

(716) 631-8000

Daytime Phone #

CR2E083 (9/99)