2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000006612

Entity Name: BUFFALO P.R.I.D.E., INC.

FILED May 06, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 521 OLD SCHOOL ROAD 521 OLD SCHOOL ROAD OXFORD, FL 34484 THE VILLAGES, FL 32162 **Current Mailing Address: New Mailing Address:** 521 OLD SCHOOL ROAD 521 OLD SCHOOL ROAD OXFORD, FL 34484 THE VILLAGES, FL 32162 FEI Number: 61-1431074 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VAUGHN, STEPHANIE VAUGHN, STEPHANIE 521 OLD SCHOOL ROAD 521 OLD SCHOOL ROAD OXFORD, FL 34484 THE VILLAGES, FL 32162 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: 05/06/2003 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition COUTURE, VICKIE D Name: Name: Address: Address: 521 OLD SCHOOL ROAD City-St-Zip: City-St-Zip: THE VILLAGES, FL 32162 Title: Title: () Change (X) Addition () Delete Name: Name: DZURO, MARTY D Address: Address: 521 OLD SCHOOL ROAD City-St-Zip: City-St-Zip: THE VILLAGES, FL 32162 Title: () Delete Title: () Change (X) Addition Name: ATCHLEY, JILL S Name: 521 OLD SCHOOL ROAD Address: Address: City-St-Zip: City-St-Zip: THE VILLAGES, FL 32162 Title: () Delete Title: () Change (X) Addition VAUGHN, STEPHANIE PRES Name: Name: 521 OLD SCHOOL ROAD Address: Address: City-St-Zip: City-St-Zip: THE VILLAGES, FL 32162 Title: () Delete Title: () Change (X) Addition TUCKER, MIKE VP Name: Name: 521 OLD SCHOOL ROAD Address: Address: City-St-Zip: City-St-Zip: THE VILLAGES, FL 32162 Title: () Delete Title: () Change (X) Addition ZIMMERMAN, SHANNON T Name: Name: Address: Address: 521 OLD SCHOOL ROAD THE VILLAGES, FL 32162 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE VAUGHN P 05/06/2003