

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2001 8:00 am
Secretary of State

07-17-2001 90093 004 ****61.25

DOCUMENT # N95000005599			
1. Entity Name 951 COMMERCE CENTER PROPERTY OWNERS ASSOCIATION.			
Principal Place of Business 4501 TAMMIAM TRAIL NORTH NAPLES FL 34103 US		Mailing Address 570 DELAWARE AVENUE C/O BENDERSON DEVELOPMENT COMPANY BUFFALO NY 14202 US	
2. Principal Place of Business 8441 COOPER CREEK BLVD		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State UNIVERSITY PARK FL		City & State	
Zip 34201		Country USA	
4. FEI Number 65-0668590		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GAYTON, ALICIA NIESO 8441 COOPER CREEK BOULEVARD UNIVERSITY PARK FL 34201		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD APPELQUIST, RICK 258 SOUTH HALL LANE, SUITE 130 MAITLAND FL 32751 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES & DIRECTOR RANDALL BENDERSON, D 570 DELAWARE AVENUE BUFFALO NY 14202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD O'CONNOR, BILL 4501 TAMMIAM TRAIL NORTH NAPLES FL 34103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES DAVID H. BALDAUF, D 570 DELAWARE AVENUE BUFFALO NY 14202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, ROBERT 258 SOUTH HALL LANE, SUITE 130 MAITLAND FL 32751 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR WAYNE RUBEN, D 8441 COOPER CREEK BOULEVARD UNIVERSITY PARK FL 34201 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like or empowered.			
SIGNATURE: DAVID H. BALDAUF		Date: 7/10/2001 Daytime Phone #: 716-886-0211	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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LP



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)

7000 1670 0011 3607 3196



Attachment

11591

#1095000065599

BENDERSON DEVELOPMENT COMPANY, INC. • 570 Delaware Ave. • Buffalo, NY 14202 • (716) 886-0211 • FAX (716) 886-2269

August 17, 2001

VIA USPS CERTIFIED MAIL RETURN RECEIPT REQUESTED

Division of Corporations
PO Box 1500
Tallahassee FL 32302-1500

TAXPAYER: 951 COMMERCE CENTER PROPERTY OWNERS
ASSOCIATION, INC
REFERENCE NUMBER: 65-0668590
FORM: 2001 UNIFORM BUSINESS REPORT

Dear Sir or Madam:

I am writing on behalf of the above-named taxpayer regarding the attached 2001 Uniform Business Report.

Per your letter of July 19, 2001 corrections have been made and the form is being resubmitted.

If you have any further questions or desire to discuss this matter further please contact me through my office at 716.878.9668.

Very truly yours,

951 COMMERCE CENTER PROPERTY OWNERS ASSOCIATION, INC

Leo Arcymowicz
Tax Department