

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P24676

1. Entity Name

OXBOW POWER OF NORTH TONAWANDA, NEW YORK, INC.

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90072 011 \*\*\*150.00

Principal Place of Business

Mailing Address

1070 ERIE AVE.  
NORTH TONAWANDA NY 14120  
US

1601 FORUM PL  
W. PALM BEACH FL 33401-8101  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3052413

Applied For

Not Applicable

Zip

Country

Zip

Country

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 HAYES ST  
STE 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 S ☐ Delete  
NAME CLARK, DAVID W  
STREET ADDRESS 1601 FORUM PLACE, SUITE P-2  
CITY-ST-ZIP W. PALM BCH FL 33401

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

TITLE V ☐ Delete  
NAME ZODIACO, VINCENT  
STREET ADDRESS 9790 GATEWAY DR, SUITE 220  
CITY-ST-ZIP RENO NV 89511

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

TITLE S ☐ Delete  
NAME CALLAHAN, RICHARD P.  
STREET ADDRESS 1601 FORUM PLACE P-2  
CITY-ST-ZIP W. PALM BCH FL 33401

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

TITLE T ☐ Delete  
NAME SHIPLEY, ZACHARY K.  
STREET ADDRESS 1601 FOURM PLACE P-2  
CITY-ST-ZIP W. PALM BEACH FL 33401

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

TITLE CCEO ☐ Delete  
NAME KOCH, WILLIAM I.  
STREET ADDRESS 1601 FORUM PLACE P-2  
CITY-ST-ZIP W. PALM BCH FL

TITLE DCOOP ☐ Change ☒ Addition  
NAME CHERRY, BERNARD H.  
STREET ADDRESS 1601 FORUM PLACE P-2  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE SVP ☐ Delete  
NAME ROHIT C CHIB  
STREET ADDRESS 1601 FORUM PLACE P2  
CITY-ST-ZIP W. PALM BEACH FL

TITLE EVP ☒ Change ☐ 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:

*Richard P. Callahan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00

Date

561-697-4300

Daytime Phone #