

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P33431**

1. Entity Name

BENDERSON DEVELOPMENT COMPANY, INC.**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 91133 022 ***150.00

Principal Place of Business

**8441 COOPER CREEK BLVD.
UNIVERSITY PARK FL 34201**

Mailing Address

**8441 COOPER CREEK BLVD.
UNIVERSITY PARK FL 34201****A0061573**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

570 DELAWARE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BUFFALO NY4. FEI Number **16-0834011**

Applied For

Not Applicable

Zip

Country

Zip

Country

14202**USA**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

**CORPORATION SERVICE COMPANY
1201 HAYS ST.
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, 2001 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 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
C BENDERSON, NATHAN %570 DELAWARE AVE. BUFFALO NY 14202	<input type="checkbox"/>		
P BENDERSON, RANDALL %570 DELAWARE AVE. BUFFALO NY 14202	<input type="checkbox"/>		
VS BALDAUF, DAVID H. %570 DELAWARE AVE. BUFFALO NY 14202	<input type="checkbox"/>		
T WOLFSON, ALAN %570 DELAWARE AVE. BUFFALO NY 14202	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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: *David H. Baldauf*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAVID H. BALDAUF
V. P.**

Date

Daytime Phone #

716.886.0211

CR2E034 (10/00)