

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P33431**

1. Entity Name

**BENDERSON DEVELOPMENT COMPANY, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAY 14 PM 4:21

Principal Place of Business

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

Mailing Address

**570 DELAWARE AVE  
BUFFALO NY 14202  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**16-0834011**

Applied For

Not Applicable

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, 2002 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	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>BENDERSON, NATHAN</b>	
STREET ADDRESS	<b>%570 DELAWARE AVE.</b>	
CITY-ST-ZIP	<b>BUFFALO NY 14202</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BENDERSON, RANDALL</b>	
STREET ADDRESS	<b>%570 DELAWARE AVE.</b>	
CITY-ST-ZIP	<b>BUFFALO NY 14202</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>BALDAUF, DAVID H.</b>	
STREET ADDRESS	<b>%570 DELAWARE AVE.</b>	
CITY-ST-ZIP	<b>BUFFALO NY 14202</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>WOLFSON, ALAN</b>	
STREET ADDRESS	<b>%570 DELAWARE AVE.</b>	
CITY-ST-ZIP	<b>BUFFALO NY 14202</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	

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\*\*\*3809.15 \*\*\*\*150.00

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*  
V.P.

4/30/2002 716-886-0211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)