

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90490 008 \*\*\*150.00

**DOCUMENT # P93000016072**

1. Entity Name

**BUFFALO'S OF AMERICA, INC.**

Principal Place of Business

1546 METROPOLITAN BLVD  
 STE 2  
 TALLAHASSEE FL 32308

Mailing Address

POST OFFICE BOX 966  
 TALLAHASSEE FL 32302

2. Principal Place of Business

**BUFFALO'S**

Mailing Address

**NORMAN C. AZAR**

Suite, Apt. #, etc.

**1355 MARKET ST.**

Suite, Apt. #, etc.

**905 EAST FAIRVIEW AVE.**

DO NOT WRITE IN THIS SPACE

City & State  
**TALLAHASSEE, FLORIDA**

City & State  
**MONTGOMERY, ALABAMA**

4. FEI Number  
**59-2962247**

Applied For  
 Not Applicable

Zip  
**32312**

Country  
**USA**

Zip  
**36106**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JACKSON, EDDIE**  
**1355 MARKET ST.**  
**TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name  
**NORMAN C. AZAR**

Street Address (P.O. Box Number is Not Acceptable)

**1355 MARKET STREET**

City **TALLAHASSEE** FL Zip Code **32312**

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 *Norman C. Azar*  
 Signature, typed or printed name of registered agent and title if applicable.

**Norman C. Azar - President**

**4/25/02**

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

TITLE **P** ☐ Delete  
 NAME **AZAR, NORMAN**  
 STREET ADDRESS **905 E. FAIRVIEW**  
 CITY-ST-ZIP **MONTGOMERY AL 36108**

TITLE **VPT** ☒ Delete  
 NAME **JACKSON, EDDIE**  
 STREET ADDRESS **1355 MARKET ST.**  
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **VP** ☐ Delete  
 NAME **LOVE, ALISON**  
 STREET ADDRESS **P.O. BOX 966**  
 CITY-ST-ZIP **TALLAHASSEE FL 32302**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ 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: *Norman C. Azar*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/25/02 (334)546-3434**

CR2E034 (9/01)