2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000005362

1. Entity Name
Amusements of Buffalo, Inc.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
000067325

Principal Place of Business | Mailing Address

REINSTATEMENT 99-00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 5212 St. Paul St.
Suite, Apt. #, etc.
City & State: Tampa, FL
Zip: 33619 Country: USA

3. Mailing Address: PO Box 2030
Suite, Apt. #, etc.
City & State: Riverview, FL
Zip: 33568 Country: USA

4. FEI Number: 59-3225695 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
Kent Runnells
915 Oakfield Dr, Ste F
Brandon, FL 33511

7. Name and Address of New Registered Agent
Name: Kent Runnells
Street Address (P.O. Box Number is Not Acceptable): 101 Main St, Ste A
City: Safety Harbor FL Zip Code: 34695

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] 20 MAR 2000
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when resigning.) Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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	Secretary, Treasurer; Lynn M. Chaffee; 5212 St. Paul Dr.; Tampa, FL 33619 — ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Secretary, VP, Dir; James Frederiksen; 5212 St. Paul St.; Tampa FL 33619~~ — ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES, CHAFFEE, GENE; P.O. Box 2272; RIVERVIEW, FL, 33569 — ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary, VP, T.S, Dir; James E. Frederiksen; 5212 St. Paul St.; Tampa, FL 33619 — ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 20 MAR 2000 (813) 628-4545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number