

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90047 045 ***150.00

DOCUMENT # P95000020150

1. Entity Name

DELAWARE NORTH PARKS SERVICES OF SPACEPORT, INC.

C0058206



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**438 MAIN ST.
BUFFALO NY 14202**

**438 MAIN ST.
BUFFALO NY 14202-3207**

2. Principal Place of Business

40 Fountain Plaza

Suite, Apt. #, etc.

3. Mailing Address

40 Fountain Plaza

Suite, Apt. #, etc.

City & State

Buffalo, NY

Zip
14202

Country
Erie

City & State

Buffalo, NY

Zip
14202

Country
Erie

4. FEI Number

16-1476829

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

Name

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

City

FL

Zip Code

**CT CORORATION SYSTEM
1200 S. PINE ISLAND RD.
TALLAHASSEE FL 33324**

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	P	<input type="checkbox"/> Delete
NAME	RICK ABRAMSON	
STREET ADDRESS	DELAWARE NORTH PARK SERVICES	
CITY-ST-ZIP	KENNEDY SPACE CTR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SZEFEL, DENNIS J	
STREET ADDRESS	438 MAIN STREET	
CITY-ST-ZIP	BUFFALO NY	
TITLE	S	<input type="checkbox"/> Delete
NAME	JANIS R. TRYBUS	
STREET ADDRESS	438 MAIN ST	
CITY-ST-ZIP	BUFFALO NY	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	LIVANOS, TIETSJE	
STREET ADDRESS	438 MAIN ST	
CITY-ST-ZIP	BUFFALO NY 14202	
TITLE	D	<input type="checkbox"/> Delete
NAME	JEREMY M. JACOBS, JR.	
STREET ADDRESS	438 MAIN ST	
CITY-ST-ZIP	BUFFALO NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYAN J. KELLER	
STREET ADDRESS	438 MAIN ST	
CITY-ST-ZIP	BUFFALO NY	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	40 Fountain Plaza	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janice R. Trybus	
STREET ADDRESS	40 Fountain Plaza	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	40 Fountain Plaza	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	40 Fountain Plaza	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	40 Fountain Plaza	
CITY-ST-ZIP		

CR2E034 (9/99)

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

Dennis J. Szefel

Dennis J. Szefel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(716) 858-5000