

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000098364**

1. Entity Name

SEMINOLE FOODSERVICE, INC.**FILED**
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90052 038 ***150.00

Principal Place of Business

Mailing Address

**436 MAIN STREET
BUFFALO NY 14202****436 MAIN STREET
BUFFALO NY 14202-3203**

2. Principal Place of Business

40 Fountain Plaza

3. Mailing Address

40 Fountain Plaza

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Buffalo, NY

City & State

Buffalo, NY

4. FEI Number

06-1500571

Applied For

Not Applicable

Zip
14202Country
ErieZip
14202Country
Erie5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324****7. Name and Address of New Registered Agent**

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	DVP	<input type="checkbox"/> Delete
NAME	BIDDIX, PATRICK T	
STREET ADDRESS	1100 N. WICKHAM RD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CHRISTMAS, ROBERT O	
STREET ADDRESS	1100 N. WICKHAM RD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	CORBIN, MICHAEL D	
STREET ADDRESS	438 MAIN STREET	
CITY-ST-ZIP	BUFFALO NY 14202	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:*Michael D. Corbin***Michael D. Corbin****(716)858-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #