

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90052 033 ***150.00

DOCUMENT # P98000056112

1. Entity Name

DELAWARE NORTH PARKS SERVICES AT JETTY PARK, INC

Principal Place of Business

Mailing Address

**438 MAIN STREET
 BUFFALO NY 14202**

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

004008



DO NOT WRITE IN THIS SPACE

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

16-1552611

Applied For

Not Applicable

Zip

14202

Country

Erie

Zip

14202

Country

Erie

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD
 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 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZEFEL, DENNIS J	NAME	
STREET ADDRESS	438 MAIN STREET	STREET ADDRESS	40 Fountain Plaza
CITY-ST-ZIP	BUFFALO NY 14202	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVANOS, TIETSJE	NAME	
STREET ADDRESS	438 MAIN STREET	STREET ADDRESS	40 Fountain Plaza
CITY-ST-ZIP	BUFFALO NY 14202	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRYBUS, JANICE R	NAME	
STREET ADDRESS	438 MAIN STREET	STREET ADDRESS	40 Fountain Plaza
CITY-ST-ZIP	BUFFALO NY 14202	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAPHENS, RICHARD T	NAME	Richard T. Stephens
STREET ADDRESS	438 MAIN STREET	STREET ADDRESS	40 Fountain Plaza
CITY-ST-ZIP	BUFFALO NY 14202	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Director
STREET ADDRESS		STREET ADDRESS	Bryan J. Keller
CITY-ST-ZIP		CITY-ST-ZIP	40 Fountain Plaza Buffalo, NY 14202
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Vice President - Operations
STREET ADDRESS		STREET ADDRESS	Bruce W. Fears
CITY-ST-ZIP		CITY-ST-ZIP	40 Fountain Plaza Buffalo, NY 14202

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 any other, like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis J. Szefel

Date

Daytime Phone #

(716) 858-5000