

# 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**

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

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

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. Szefer**

Date

Daytime Phone #

**(716) 858-5000**