

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90019 017 ***150.00

DOCUMENT # P98000056112

1. Entity Name
DELAWARE NORTH PARKS SERVICES AT JETTY PARK, INC

Principal Place of Business 40 FOUNTAIN PLAZA BUFFALO NY 14202	Mailing Address 40 FOUNTAIN PLAZA BUFFALO NY 14202
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550134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 16-1552611		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION FL 33324				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SZEFEL, DENNIS J			NAME			
STREET ADDRESS	40 FOUNTAIN PLAZA			STREET ADDRESS			
CITY-ST-ZIP	BUFFALO NY 14202			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIVANOS, TIETSJE			NAME			
STREET ADDRESS	40 FOUNTAIN PLAZA			STREET ADDRESS			
CITY-ST-ZIP	BUFFALO NY 14202			CITY-ST-ZIP			
TITLE	X	<input type="checkbox"/> Delete		TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRYBUS, JANICE R			NAME			
STREET ADDRESS	40 FOUNTAIN PLAZA			STREET ADDRESS			
CITY-ST-ZIP	BUFFALO NY 14202			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEPHENS, RICHARD T			NAME			
STREET ADDRESS	40 FOUNTAIN PLAZA			STREET ADDRESS			
CITY-ST-ZIP	BUFFALO NY 14202			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLER, BRYAN J			NAME			
STREET ADDRESS	40 FOUNTAIN PLAZA			STREET ADDRESS			
CITY-ST-ZIP	BUFFALO NY 14202			CITY-ST-ZIP			
TITLE	VPO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEARS, BRUCE W			NAME			
STREET ADDRESS	40 FOUNTAIN PLAZA			STREET ADDRESS			
CITY-ST-ZIP	BUFFALO NY 14202			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: *Tietsje Livanos* **Tietsje Livanos** **4-25-01** **(716) 858-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)