

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

0603518

05-18-2001 91561 049 \*\*\*150.00

**DOCUMENT # 136947**  
 1. Entity Name  
**FLORIDA SPORTSERVICE, INC.**

Principal Place of Business <b>40 FOUNTAIN PLAZA BUFFALO NY 14202</b>	Mailing Address <b>40 FOUNTAIN PLAZA BUFFALO NY 14202</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>16-0435033</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
 1200 S. 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 \_\_\_\_\_ (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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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**11. OFFICERS AND DIRECTORS**

TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>OTT, ELLEN F</b>
STREET ADDRESS	<b>40 FOUNTAIN PLAZA</b>
CITY-ST-ZIP	<b>BUFFALO NY 14202</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>RAHUBA, JESSICA</b>
STREET ADDRESS	<b>40 FOUNTAIN PLAZA</b>
CITY-ST-ZIP	<b>BUFFALO NY 14202</b>
TITLE	<b>DP</b> <input checked="" type="checkbox"/> Delete
NAME	<b>PARKER, NANCY J</b>
STREET ADDRESS	<b>40 FOUNTAIN PLAZA</b>
CITY-ST-ZIP	<b>BUFFALO NY 14202</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>TRYBUS, JANICE R.</b>
STREET ADDRESS	<b>40 FOUNTAIN PLAZA</b>
CITY-ST-ZIP	<b>BUFFALO NY 14202</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KELLER, BYRAN</b>
STREET ADDRESS	<b>40 FOUNTAIN PLAZA</b>
CITY-ST-ZIP	<b>BUFFALO NY 14202</b>
TITLE	<input type="checkbox"/> Delete

**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 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 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:** Ellen F. Ott **4-24-01** **(716) 858-5000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)