


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F96000003054**

1. Entity Name  
**BEF ORLANDO, INC.**



Principal Place of Business      Mailing Address

**100 PEABODY PL**                      **100 PEABODY PL**  
**STE 1400**                                  **STE 1400**  
**MEMPHIS, TN 38103 US**              **MEMPHIS, TN 38103 US**



01062005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEJ Number                      Applied For  
**62-1706593**                      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

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

**CORPORATION COMPANY OF MIAMI**  
**201 S. BISCAYNE BLVD.**  
**1600 MIAMI CENTER**  
**MIAMI, FL 33131**

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	BELZ, JACK A
STREET ADDRESS	100 PEABODY PLACE #1400
CITY-ST-ZIP	MEMPHIS, TN 38103
TITLE	DV
NAME	GROVEMAN, ANDREW J
STREET ADDRESS	100 PEABODY PL. #1400
CITY-ST-ZIP	MEMPHIS, TN 38103
TITLE	DVST
NAME	WILLIAMS, JIMMIE D
STREET ADDRESS	100 PEABODY PL. #1400
CITY-ST-ZIP	MEMPHIS, TN 38103
TITLE	D
NAME	ESTEIN, LOTHAR
STREET ADDRESS	5211 INTERNATIONAL DR.
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000272262  
03/21/05-80083-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **3/9/05** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #