

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 571549

1. Entity Name

RICHARD BENNETT OF ORLANDO, INC.

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90039 047 \*\*\*150.00

Principal Place of Business

263 SEABORD LN  
FRANKLIN TN 37067  
US

Mailing Address

PO BOX 1469  
BRENTWOOD TN 37024-1469  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

263 Seaboard Lane

Franklin, TN

37067

US



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1833511

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHERRER, ROBERT	
STREET ADDRESS	ROUTE 7, BOX 308	
CITY-ST-ZIP	CLAREMORE OK 74017	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WOODARD, JAMES	
STREET ADDRESS	114 CENTURY OAK DR	
CITY-ST-ZIP	FRANKLIN TN 37067	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYS, SPENCER	
STREET ADDRESS	2156 GOLF CLUB DRIVE	
CITY-ST-ZIP	NASHVILLE TN 37215	
TITLE	S	<input type="checkbox"/> Delete
NAME	SALYER, WALTER L JR.	
STREET ADDRESS	321 BRECKENRIDGE RD.	
CITY-ST-ZIP	FRANKLIN TN	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEYERS, AARON	
STREET ADDRESS	5645 PATTILLO WAY	
CITY-ST-ZIP	LITHONIA GA 30058	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASALENA, SERGIO	
STREET ADDRESS	804 MAPLEHURST RD	
CITY-ST-ZIP	MONKTON MA 2111	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
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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:

*Walter L Salyer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(615) 771-1122