

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90460 048 \*\*\*150.00

**DOCUMENT # 571549**

1. Entity Name

**RICHARD BENNETT OF ORLANDO, INC.**

Principal Place of Business

**263 SEABOARD LN  
 FRANKLIN TN 37067  
 US**

Mailing Address

**263 SEABOARD LANE  
 FRANKLIN TN 37067  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**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

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, 2002 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 ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **SHERRE, ROBERT**  
 CITY-ST-ZIP **ROUTE 7, BOX 308 424 SOUTH LYNNRIGGS BLVD  
 CLAREMORE OK 74017**

TITLE ☐ Change ☒ Addition  
 NAME **DIRECTOR**  
 STREET ADDRESS **NARESH KHANNA**  
 CITY-ST-ZIP **2801 N DRUIDHILLS RD SUITE A100  
 ATLANTA GA 30329**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **HAYS, SPENCER**  
 CITY-ST-ZIP **2156 GOLF CLUB DRIVE 2451 ATRIUM WAY  
 NASHVILLE TN 37215 37214**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **SALYER, WALTER L JR.**  
 CITY-ST-ZIP **321 BRECKENRIDGE RD 263 SEABOARD LANE  
 FRANKLIN TN 37067**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **MEYERS, AARON**  
 CITY-ST-ZIP **5045 PATILLO WAY 2800 N DRUIDHILLS RD SUITE B ACC  
 LITHONIA GA 30058 ATLANTA GA 30329**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **CASALENA, SERGIO**  
 CITY-ST-ZIP **884 MAPLEHURST RD 412 NORTH CRANBERRY RD  
 MONKTON MA 0111 WESTMINSTER MD 21157**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **D**  
 STREET ADDRESS **MCFACHERN, JAMES**  
 CITY-ST-ZIP **12751 MERIT DRIVE, SUITE 100  
 DALLAS TX 75251**

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)