

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90122 028 \*\*\*150.00

**DOCUMENT # 571549**

1. Entity Name

**RICHARD BENNETT OF ORLANDO, INC.**



Principal Place of Business

**263 SEABORD LN  
FRANKLIN TN 37067  
US**

Mailing Address

**263 SEABORD 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

☒ CHECK HERE IF MAKING CHANGES

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE: \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **SHERRE, ROBERT**  
STREET ADDRESS **424 SOUTH LYNNRIGGS BLVD**  
CITY-ST-ZIP **CLAREMORE OK 74017**

TITLE **Director** ☐ Change ☒ Addition  
NAME **James McEachern**  
STREET ADDRESS **12751 Merit Dr., Suite 100**  
CITY-ST-ZIP **Dallas, TX 75251**

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

TITLE **Director** ☐ Change ☒ Addition  
NAME **James P. Williams**  
STREET ADDRESS **263 Seaboard Lane**  
CITY-ST-ZIP **Franklin, TN 37067**

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

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

TITLE **D** ☐ Delete  
NAME **MEYERS, AARON**  
STREET ADDRESS **2800 N. DRUHHILLS RD., STE A200**  
CITY-ST-ZIP **ATLANTA GA 30329**

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

TITLE **D** ☐ Delete  
NAME **CASALENA, SERGIO**  
STREET ADDRESS **442 NORTH CRANBERRY RD #11**  
CITY-ST-ZIP **WESTMINSTER MD 21157**

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

TITLE **D** ☒ Delete  
NAME **KHANNA, NARESH**  
STREET ADDRESS **2801 N. DRUHHILLS RD., STE A100**  
CITY-ST-ZIP **ATLANTA GA 30329**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03  
Date

(615) 771-1122  
Daytime Phone #

CR2E034 (10/02)