

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90133 001 \*\*\*150.00

**DOCUMENT # 609594**

1. Entity Name

**THE FLORIDA COMPANIES**

Principal Place of Business

8669 COMMODITY CIRCLE  
 STE 200  
 ORLANDO FL 33309  
 US

Mailing Address

8669 COMMODITY CIRCLE  
 STE 200  
 ORLANDO FL 33309  
 US

00006100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1964676**

Applied For  
 Not Applicable

Zip **32819**

Country

Zip **32819**

Country

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

DUMENY, MARCEL J  
 % FAIRFIELD COMMUNITIES, INC.  
 8669 COMMODITY CIRCLE, SUITE 200  
 ORLANDO FL 32819

Name  
**CT CORPORATION SYSTEM**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1200 SOUTH PINE ISLAND ROAD**  
 City  
**PLANTATION** FL Zip Code  
**33324**

8. The above name: *Registered Agent change* of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature

*Was filed 12/29/00*

Date

(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, 2001 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	HOWETH, ROBERT W.	
STREET ADDRESS	11001 EXECUTIVE CTR DR	
CITY-ST-ZIP	LITTLE ROCK AR	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	DUMENY, MARCEL J.	
STREET ADDRESS	8669 COMMODITY CIRCLE	
CITY-ST-ZIP	ORLANDO FL 33309	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BERK, JAMES G	
STREET ADDRESS	8669 COMMODITY CIRCLE	
CITY-ST-ZIP	ORLANDO FL 33309	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BENNETT, BILL	
STREET ADDRESS	11001 EXECUTIVE CTR DR	
CITY-ST-ZIP	LITTLE ROCK AR	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8669 COMMODITY CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32819	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32819	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTON, ANNA	
STREET ADDRESS	8669 COMMODITY CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32819	
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:**

*William J. Bennett*

**WILLIAM J. BENNETT**

**1/04/01**

**501-228-2700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)