

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 823755**

Entity Name

BHC INC

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90156 015 ***150.00

Principal Place of Business

9000 BAY HILL BLVD.
ORLANDO FL 32819

Mailing Address

9000 BAY HILL BLVD.
ORLANDO FL 32819

00029285



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **34-1045458**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**HARBERT, RONALD A.
225 E ROBINSON #600
P.O. BOX 2854
ORLANDO FL 32802**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**OFFICERS AND DIRECTORS****12.****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<input type="checkbox"/> Delete LE ME REET ADDRESS Y-ST-ZIP VD MCCORMACK, MARK H ONE ERIEVIEW PLAZA CLEVELAND, OHIO 00000	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete LE ME REET ADDRESS Y-ST-ZIP V JOHNSTON, ALASTAIR J 1 ERIEVIEW PLAZA CLEVELAND OH	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete LE ME REET ADDRESS Y-ST-ZIP PD PALMER, ARNOLD, D. 9000 BAY HILL BLVD. ORLANDO FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete LE ME REET ADDRESS Y-ST-ZIP AS HARBERT, RONALD A 225 E ROBINSON #600 ORLANDO, FL 00000	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete LE ME REET ADDRESS Y-ST-ZIP T ZUGAY, JACK 1 ERIEVIEW PLAZA CLEVELAND OH	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete LE ME REET ADDRESS Y-ST-ZIP VP SAUNDERS, ROY 9000 BAY HILL BLVD ORLANDO FL 32819	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP

3. 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

1-22-02

Date

407-876-2429

Daytime Phone #

CR2E034 (9/01)