

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002774

1. Entity Name
BEST, INC. A FINE HOST COMPANY

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90475 008 ***150.00

Principal Place of Business
C/O FINE HOST CORPORATION
3 GREENWICH OFFICE PARK
GREENWICH CT 06831

Mailing Address
C/O FINE HOST CORPORATION
3 GREENWICH OFFICE PARK
GREENWICH CT 06831

ATTN: Angeline McDONOUGH

00031043



DO NOT WRITE IN THIS SPACE

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 41-1251628

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

C T CORPORATION SYSTEM
1200 SOUTH 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HABERMANN, NORMAN	
STREET ADDRESS	3 GREENWICH OFFICE PARK	
CITY-ST-ZIP	GREENWICH CT 06831	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARONSON, JEFFREY	
STREET ADDRESS	245 PARK AVE 28TH FL	
CITY-ST-ZIP	NEW YORK NY 10167	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALTMAN, JEFFREY	
STREET ADDRESS	51 JFK PARKWAY	
CITY-ST-ZIP	SHORT HILLS NJ 07078	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARGOLLES, ROSS	
STREET ADDRESS	7 WORLD TRADE CENTER	
CITY-ST-ZIP	NEW YORK NY 10048	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SIMKISS, MARK	
STREET ADDRESS	3 GREENWICH OFFICE PARK	
CITY-ST-ZIP	GREENWICH CT 06831	
TITLE	TV	<input type="checkbox"/> Delete
NAME	SEDLAVZ, Kari	
STREET ADDRESS	3 GREENWICH OFFICE PARK	
CITY-ST-ZIP	GREENWICH CT 06831	

TITLE	Director + Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ellen Keats	
STREET ADDRESS	42 Perkins Rd	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	SVP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Willie Pouncy	
STREET ADDRESS	2856 Shwood Ave North	
CITY-ST-ZIP	LAKE MINN, MN 55042	
TITLE	SVP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Ayres	
STREET ADDRESS	1518 Briarwood Drive	
CITY-ST-ZIP	Arden Hills, MN 55112	
TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert J. Jautzen	
STREET ADDRESS	1005 Valley Drive	
CITY-ST-ZIP	New Canaan, CT 06840	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ellen Keats 4-5-01 203-532-2618

CR2E034 (10/00)