

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90218 001 ***300.00

DOCUMENT # F00000002774

1. Entity Name

BEST, INC. A FINE HOST COMPANY

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****11660**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

same

Suite, Apt. #, etc.

3. Mailing Address

Attn: Angelina McDonough

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

41-1251628

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**C-T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

N/A

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

N/A

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **KEATS, ELLEN**
CITY-ST-ZIP **42 PERKINS RD**
GREENWICH CT 06830TITLE ☐ Delete
NAME **SVP**
STREET ADDRESS **POUNCY, WILLIE**
CITY-ST-ZIP **2856 INWOOD AVENUE NORTH**
LAKE ELMO MN 55042TITLE ☐ Delete
NAME **SVP**
STREET ADDRESS **AYRES, SUSAN**
CITY-ST-ZIP **1518 BRIARKNOLL DRIVE**
ARDEN HILLS MN 55112TITLE ☐ Delete
NAME **P**
STREET ADDRESS **JAUTZEN, ROBERT J**
CITY-ST-ZIP **605 VALLEY DRIVE**
NEW CANAAN CT 06840TITLE ☐ Delete
NAME **TV**
STREET ADDRESS **SEDLAVZ, KAVI**
CITY-ST-ZIP **3 GREENWICH OFFICE PARK**
GREENWICH CT 06831TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME *Jantzen*
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME *Kav L*
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-02 203-532-2618

CR2E034 (9/01)