

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90042 033 \*\*\*150.00

**DOCUMENT # F00000004240**

1. Entity Name  
**FAIRFIELD MYRTLE BEACH, INC.**

Principal Place of Business

**8669 COMMODITY CIRCLE, STE. 300  
 ORLANDO FL 32819**

Mailing Address

**8669 COMMODITY CIRCLE, STE. 300  
 ORLANDO FL 32819**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**71-0643717**

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

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD  
 FORT LAUDERDALE 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, 2002 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 : **P** ☐ Delete  
 NAME **HANNING, FRANZ S**  
 STREET ADDRESS **8669 COMMODITY CIRCLE, STE. 300**  
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **Suite 200**  
 CITY-ST-ZIP

TITLE **VD** ☒ Delete  
 NAME **BERK, JAMES G**  
 STREET ADDRESS **8669 COMMODITY CIRCLE, STE. 300**  
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Change ☐ Addition  
 NAME **Vice President**  
 STREET ADDRESS **Joseph Huber**  
 CITY-ST-ZIP **1 Campus Drive**

TITLE **SD** ☒ Delete  
 NAME **DUMENY, MARCEL J**  
 STREET ADDRESS **8669 COMMODITY CIRCLE, STE. 300**  
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Change ☐ Addition  
 NAME **Secretary**  
 STREET ADDRESS **Eric J. Bock**  
 CITY-ST-ZIP **9 West 57th Street**

TITLE **V** ☒ Delete  
 NAME **HALLADAY, ANGELA K**  
 STREET ADDRESS **8669 COMMODITY CIRCLE, STE. 300**  
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Change ☐ Addition  
 NAME **Treasurer**  
 STREET ADDRESS **Ralph Turner**  
 CITY-ST-ZIP **10750 West Charleston, Suite 130**

TITLE **V** ☒ Delete  
 NAME **KELLER, BRIAN**  
 STREET ADDRESS **8669 COMMODITY CIRCLE, STE. 300**  
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Change ☐ Addition  
 NAME **Director**  
 STREET ADDRESS **James Buckman**  
 CITY-ST-ZIP **9 West 57th Street**

TITLE **VATD** ☒ Delete  
 NAME **HOWETH, ROBERT W**  
 STREET ADDRESS **8669 COMMODITY CIRCLE, STE. 300**  
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Change ☐ Addition  
 NAME **Director**  
 STREET ADDRESS **David Wyshner**  
 CITY-ST-ZIP **1 Campus Drive**

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Joseph Huber, VP**

**1/22/02**

Date

Daytime Phone #

CR2E034 (9/01)