

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # F96000003054**

1. Entity Name  
BEF ORLANDO, INC.



Principal Place of Business  
100 PEABODY PL  
STE 1400  
MEMPHIS, TN 38103 US

Mailing Address  
100 PEABODY PL  
STE 1400  
MEMPHIS, TN 38103 US



01102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
62-1706593

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CORPORATION COMPANY OF MIAMI  
201 S. BISCAYNE BLVD.  
1600 MIAMI CENTER  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

9. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
BELZ, JACK A  
100 PEABODY PLACE #1400  
MEMPHIS, TN 38103

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DV  
GROVEMAN, ANDREW J  
100 PEABODY PL. #1400  
MEMPHIS, TN 38103

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DVST  
WILLIAMS, JIMMIE D  
100 PEABODY PL. #1400  
MEMPHIS, TN 38103

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
ESTEIN, LOTHAR  
5211 INTERNATIONAL DR.  
ORLANDO, FL 32819

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000824028  
02/20/08-80061-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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

Jimmie D. Williams

Date

Daytime Phone #

1-29-08 901-767-4780