

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90505 001 \*2,700.00

**DOCUMENT # G05752**

1. Entity Name  
**HSN OF ORLANDO, INC.**



Principal Place of Business  
**7007 SEA WORLD DR  
ORLANDO FL 32821  
US**

Mailing Address  
**C/O CORPORATE TAX DEPARTMENT  
ONE BUSCH PLACE  
ST. LOUIS MO 63118**



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 **59-2540009**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

## 7. Name and Address of New Registered Agent

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. 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, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **ABBEY, VICTOR G**  
STREET ADDRESS **ONE BUSCH PLACE**  
CITY-ST-ZIP **SAINT LOUIS MO 63118**

TITLE ☐ Change ☐ Addition  
NAME **SCHEDULE ATTACHED**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **REEVES, LAURA H.**  
STREET ADDRESS **ONE BUSCH PLACE**  
CITY-ST-ZIP **ST. LOUIS MO**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VT** ☐ Delete  
NAME **KIMMINS, WILLIAM J JR.**  
STREET ADDRESS **ONE BUSCH PLACE**  
CITY-ST-ZIP **SAINT LOUIS MO 63118**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TC** ☐ Delete  
NAME **CASTAGNO, JOHN D**  
STREET ADDRESS **ONE BUSCH PLACE**  
CITY-ST-ZIP **SAINT LOUIS MO 63118**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **AT** ☐ Delete  
NAME **SAUERHOFF, DAVID C**  
STREET ADDRESS **ONE BUSCH PLACE**  
CITY-ST-ZIP **SAINT LOUIS MO 63118**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **AS** ☒ Delete  
NAME **SCHAEFER, JOHN J.**  
STREET ADDRESS **7007 SEA WORLD DR**  
CITY-ST-ZIP **ORLANDO FL 32821**

TITLE ☐ Change ☒ Addition  
NAME **AS**  
STREET ADDRESS **GRABE, DAVID**  
CITY-ST-ZIP **ONE BUSCH PLACE**  
**ST LOUIS MO 63118**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED** **JOHN D CASTAGNO**  
**(TAX) CONTROLLER**

1/15/03

314/577-7996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

HSH of Orlando, Inc.

Principal Place of  
Business:

7007 Sea World Drive  
Orlando, FL 32821

Mailing Address::

One Busch Place  
St. Louis, MO 63118

Officers and Directors

Attachment

55603034

#605752

Officer

Victor G. Abbey  
Laura H. Reeves  
David Grabe  
William J. Kimmins Jr.  
David C. Sauerhoff  
John D. Castagno

Title

President  
Secretary  
Assistant Secretary  
Vice President and Treasurer  
Assistant Treasurer  
Tax Controller

Director

Victor G. Abbey

Title

Director