

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90019 012 \*\*\*\*61.25

**DOCUMENT # P00252**

1. Entity Name

**FAIRFIELD MORTGAGE CORPORATION**

Principal Place of Business

**8669 COMMODITY CIRCLE  
 SUITE 300  
 ORLANDO FL 32819**

Mailing Address

**% FAIRFIELD COMMUNITIES, INC.  
 8669 COMMODITY CIRCLE, SUITE 300  
 ORLANDO FL 32819**

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 **71-0450393**

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

**CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD  
 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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**President  
 Franz S. Hanning  
 8669 Commodity Circle, Suite 200  
 Orlando, FL 32819** ☐ Change ☒ Addition

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Vice President  
 Joseph Huber  
 1 Campus Drive  
 Parsippany, NJ 07054** ☐ Change ☒ Addition

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Secretary  
 Eric J. Bock  
 9 West 57th Street  
 New York 10019** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**AS  
 BENNETT, WILLIAM J.  
 11001 EXECUTIVE CENTER DRIVE  
 LITTLE ROCK AR 72211** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Treasurer  
 Ralph E. Turner  
 10750 West Charleston, Suite 130  
 Las Vegas, NV 89135** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**AS  
 WALTON, ANNA L  
 8669 COMMODITY CIRCLE  
 ORLANDO FL 32819** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Director  
 Jim Buckman  
 9 West 57th Street  
 New York, NY 10019** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Director  
 David B. Wyshner  
 1 Campus Drive  
 Parsippany, NJ 07054** ☐ Change ☒ Addition

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 617, 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**

Joseph Huber, VP

1/22/02

CR2E037 (9/01)