

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90092 025 \*\*\*150.00

**DOCUMENT # P11136.**

1. Entity Name

**FINE HOST CORPORATION**

Principal Place of Business

Mailing Address

3 GREENWICH OFFICE PARK  
 GREENWICH CT 06831  
 US

3 GREENWICH OFFICE PARK  
 GREENWICH CT 06831-5154  
 US

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

**06-1156070**

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 S. PINE ISLAND ROAD  
 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

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, 2000 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 **FORREST, WILLIAM D**  
 STREET ADDRESS **3 GREENWICH OFFICE PARK**  
 CITY-ST-ZIP **GREENWICH CT 06831**

TITLE **C** ☒ Change ☐ Addition  
 NAME **Norman Haberman**  
 STREET ADDRESS **995 Hot Springs Road**  
 CITY-ST-ZIP **Santa Barbara, CA 93108**

TITLE **D** ☒ Delete  
 NAME **BUCCINO, GERALD D**  
 STREET ADDRESS **200 EAST 69TH STREET**  
 CITY-ST-ZIP **NEW YORK NY 10021**

TITLE **V/T** ☒ Change ☐ Addition  
 NAME **Karl H. Sedlarz**  
 STREET ADDRESS **170 Gillies Avenue**  
 CITY-ST-ZIP **Norwalk, CT. 06854**

TITLE **CVT** ☒ Delete  
 NAME **HALL, RICHARD L**  
 STREET ADDRESS **125 STEEPLE CHASE ROAD**  
 CITY-ST-ZIP **ROCKY MOUNT NC 27804**

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

TITLE **P** ☐ Delete  
 NAME **SIMKISS, MACK**  
 STREET ADDRESS **1002 FOXBORO LANE**  
 CITY-ST-ZIP **NORWALK CT 06850**

TITLE ☐ Change ☐ Addition  
 NAME **Simkiss, Mark**  
 STREET ADDRESS **1002 Foxboro Drive**  
 CITY-ST-ZIP **Norwalk, CT 06851**

TITLE **VSGC** ☐ Delete  
 NAME **KENTS, ELLEN**  
 STREET ADDRESS **42 PERKINS ROAD**  
 CITY-ST-ZIP **GREENWICH CT 06830**

TITLE ☒ Change ☐ Addition  
 NAME **Kents, Ellen**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP** ☐ Delete  
 NAME **VERROS, CHRIS**  
 STREET ADDRESS **23 MATTHEW LANE**  
 CITY-ST-ZIP **MANSFIELD MA 02048**

TITLE **P** ☒ Change ☐ Addition  
 NAME **Veros, Chris**  
 STREET ADDRESS **1 Sassafas**  
 CITY-ST-ZIP **Norwich MA 02645**

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 or other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED** Karl H. Sedlarz

Date

Daytime Phone #

**4-28-00**

**203-629-4320**

CR2E034 (9/99)

**FINE HOST CORPORATION  
DIRECTOR INFORMATION**

Attachment  
950657  
#P11136

NAME: Jeffrey Aronson  
TITLE: Director  
ADDRESS: 264 Sterling Road  
CITY/ST/ZIP: Harrison, NY 10528  
SSN: 020-50-8339  
PHONE: 203.629.4320  
OFFICER / DIRECTOR: Director

NAME: Ross Margolies  
TITLE: Director  
ADDRESS: 8 Stoneleigh Park  
CITY/ST/ZIP: Westfield, NJ 07090  
SSN: 126-38-0753  
PHONE: 203.629.4320  
OFFICER / DIRECTOR: Director

NAME: Jeffrey Altman  
TITLE: Director  
ADDRESS: 205 East 22<sup>nd</sup> Street, Apt. 2M  
CITY/ST/ZIP: New York, NY 10010  
SSN: 060-46-8366  
PHONE: 203.629.4320  
OFFICER / DIRECTOR: Director

NAME: Norman Haberman  
TITLE: Chairman of the Board  
ADDRESS: 995 Hot Springs Road  
CITY/ST/ZIP: Santa Barbara, CA 93108  
SSN: 135-26-6506  
PHONE: 203.629.4320  
OFFICER / DIRECTOR: Director