

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P11136

1. Entity Name

FINE HOST CORPORATION

Principal Place of Business

3 GREENWICH OFFICE PARK
GREENWICH CT 06831
US

Mailing Address

3 GREENWICH OFFICE PARK
GREENWICH CT 06831
US

ATTN: Angeline McDonough

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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.

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

C
HABERMAN, NORMAN
995 HOT SPRINGS BLVD
SANTA BARBARA CA 93108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

VT
SEDLARZ, KARL H
170 GILLIES AVENUE
NORWALK CT 06854

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

P
SIMKISS, MARK
1002 FOXBORO DRIVE
NORWALK CT 06851

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

VSGC
KENTS, ELLEN
42 PERKINS ROAD
GREENWICH CT 06830

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

P
VERROS, CHRIS
1 SASSAFRAS 15 Plantation Road
HARWICH MA 02645 - Mansfield MA 02048

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

President + CEO
Robert J. Jantzen
1605 Valley Drive
New Canaan CT 06840

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

same

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

same

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

Group President - Education + Business Restaurants

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

same

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

same

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90058 049 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

05/28/02