

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080091

1. Entity Name

FES MERGER CORP., INC.

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90103 001 \*2,550.00

23742



DO NOT WRITE IN THIS SPACE

Principal Place of Business 20 NORTH ORANGE AVENUE #200 ORLANDO FL 32801	Mailing Address 20 NORTH ORANGE AVENUE #200 ORLANDO FL 32801
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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	59-3532690	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, DAVID H	NAME	
STREET ADDRESS	20 NORTH ORANGE AVENUE #200	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	CITY-ST-ZIP	
TITLE	D	TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, A S JR.	NAME	
STREET ADDRESS	20 NORTH ORANGE AVENUE #200	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	CITY-ST-ZIP	
TITLE	D	TITLE	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZEPP, J S	NAME	
STREET ADDRESS	20 NORTH ORANGE AVENUE #200	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	CITY-ST-ZIP	
TITLE		TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Benjamin P. Butterfield
STREET ADDRESS		STREET ADDRESS	20 N. Orange Ave., Suite 200
CITY-ST-ZIP		CITY-ST-ZIP	Orlando, FL 32801
TITLE		TITLE	AS/AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Jay Clark
STREET ADDRESS		STREET ADDRESS	20 N. Orange Ave., Suite 200
CITY-ST-ZIP		CITY-ST-ZIP	Orlando, FL 32801
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Benjamin P. Butterfield 1-16-01 407-841-4755  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)