

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747488

1. Entity Name

CENTRAL FLORIDA SOCIETY OF ASSOCIATION EXECUTIVE
S, INC.

Principal Place of Business

Mailing Address

4421 GILPIN WAY
ORLANDO FL 32812
US

P O BOX 560787
ORLANDO FL 32856
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 59-1880365

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEAD, LONDRA H
4421 GILPIN WAY
ORLANDO FL 32812

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 TD
NAME LARA, PEGGY ☒ Delete
STREET ADDRESS 4162 EDGEWATER DRIVE
CITY-ST-ZIP ORLANDO FL 32804

TITLE TD ☒ Change ☒ Addition
NAME NANCY BERRY
STREET ADDRESS 222 S. WEST MONTE
CITY-ST-ZIP ALTAMONTE SPRGS, FL 32714

TITLE PED
NAME CARMEN, CHARLES ☐ Delete
STREET ADDRESS 22 W. LAKE BEAUTY DR, STE 314
CITY-ST-ZIP ORLANDO FL 32806

TITLE PD ☒ Change ☐ Addition
NAME CARMEN, CHARLES
STREET ADDRESS 22 W. LAKE BEAUTY DR, STE 314
CITY-ST-ZIP ORLANDO, FL 32806

TITLE PD ☒ Delete
NAME MCCASKILL, CATHERINE
STREET ADDRESS 7025 AUGUSTA NATIONAL DR
CITY-ST-ZIP ORLANDO FL 32822

TITLE D ☐ Change ☒ Addition
NAME DYKE SHANNON
STREET ADDRESS 1912 LEE RD.
CITY-ST-ZIP ORLANDO, FL 32810

TITLE EVP
NAME MEAD, LONDRA H ☐ Delete
STREET ADDRESS 4421 GILPIN WAY
CITY-ST-ZIP ORLANDO FL

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

TITLE VPD
NAME MONAHAN, TOM ☐ Delete
STREET ADDRESS 900 FOX VALLEY DR, STE 204
CITY-ST-ZIP LONGWOOD FL 32779

TITLE PED ☒ Change ☐ Addition
NAME MONAHAN, TOM
STREET ADDRESS 900 FOX VALLEY DR, STE 204
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE D
NAME WAIT, TED ☐ Delete
STREET ADDRESS 12644 RESEARCH PKWY
CITY-ST-ZIP ORLANDO FL 32826

TITLE VPD ☒ Change ☐ Addition
NAME TED WITT
STREET ADDRESS 12644 RESEARCH PKWY
CITY-ST-ZIP ORLANDO, FL 32826

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 *Londra H. Mead* SIGNATURE REQUIRED *LONDRA H. MEAD* 6/30/02 407-275-3777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)