2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753175

1. Entity Name

THE CENTRAL FLORIDA CHAPTER OF THE AMERICAN MARK ETING ASSOCIATION, INC.

FILED
03 MAR -3 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
P.O. BOX 5657 WINTER PARK FL 32793 US	P.O. BOX 5657 WINTER PARK FL 32793 US

REINSTATEMENT
DO NOT WRITE IN THIS SPACE 02-03

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 59-2027963 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~SANTOS, CHRISTA~~
12565 RESEARCH PARKWAY
STE #300
ORLANDO FL 32826

7. Name and Address of New Registered Agent

Name Leeann M. Lee
Street Address (P.O. Box Number is Not Acceptable) 255 South Orange Ave, 17th Floor
City Orlando FL Zip Code 32801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE K. Leeann Lee Leeann M. Lee 02/18/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be $236.25.

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	~~PSLD~~ SANTOS, CHRISTA 12565 RESEARCH PKWY STE 300 ORLANDO FL 32826	☐ Delete	PD Leeann M. Lee Citrus Ctr, 17th Floor, 255 S. Orange Ave. Orlando, FL 32801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOFFMAN, NICOLE 1679 ARASH CIRCLE PORT ORANGE FL 32124	☒ Delete	TD Carolina Aguilar 200 S. Orange Ave, MC=FL-O-1121 Orlando, FL, 32801	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COHEN, STEVE 5728 MAJOR BLVD STE. 650 ORLANDO FL 32819	☐ Delete	SD Marie Weaver P.O. Box 10,000 Lake Buena Vista, FL 32830-1000	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PSLD~~ WEISS, SAMANTHA 4572 PALMETTO AVENUE WINTER PARK FL 32792	☐ Delete	000011127620 01/28/03--01040--011 **297.50	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BOTSKO, JULIA 26 1/2 SOUTH LAWSONA BLVD. ORLANDO FL 32801	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AZIZ, EVA 10847 GLEN COVE CIRCLE, APT 304 ORLANDO FL 32817	☒ Delete		☐ 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: Leeann M. Lee SIGNATURE REQUIRED 12/30/03 407-233-5500

CR2E037 (4/02)