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## FILED Mar 03, 2003 8:00 am Secretary of State 02-10-2003 90188 006 \*\*\*\*61.25

Daytime Phone #

2003 NOT-F			
UNIFORM	<b>BUSINESS</b>	REPORT	(UBR)

SIGNATURE:

1. Entity Name CENTRAL FLORIDA BUSINESS TRAVEL ASSOCIATION, INC .										
Principal Place of Business 3208C E. COLONIAL DR SUITE 293 PMB 293 ORLANDO FL 32803 US		Mailing Address 3208C E. COLONIAL DR SUITE 233 PMB 293 ORLANDO FL 32803 US			E LITARION DIGUNISI RIGIF ADIRI ADDI DEFIN ESIN EBIN ERIGI (27/17 JULI RAND 1843)					
2. Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, etc.					<b></b>	CHECK HERE IF MA	KING CHANGI	ES		
City & Str	ate :	City & State				4. FEI Number	NOT APPLICABLE		Applied For	$\Box$
Zip	Country	Zip	Cou	untry		5. Certificate of S	Status Desired	\$8.75 / Fee Requ		4
1.19	6. Name and Address of Current I	Registered Agent	**			7. Name and Ad	dress of New Registe		irea	$\dashv$
			نسبت	Name ::	Audr	ey D. Naza				7
WITHEY			_	Street Address (P.O. Box Number is Not Acceptable) 315 N. Bumby Avenue					$\dashv$	
	vta inns, inc. Semoran Blvd. #757			313	N bui	mby Avenue				4
	00 FL 32822			 						
	· · · · · · · · · · · · · · · · · · ·			Orla:	ndo			FL 3280	ode )3	
<ol><li>The above the obligation</li></ol>	re named entity submits this statement for ations of registered agent.	the purpose of changing its re	egistere	d office or	r registere	d agent, or both, in	the State of Florida.	am familiar wit	h, and accept	7
SiGNATURE	Audrey Naz Signature, typed or printed farme of registrated agent as	arid					02/08	3/20	0 <u>3</u>	
	Signature, these or human region of salaranan chain or	nd title ir applicatore. [PM-75]	Registered	Agent signatu	are required w	when reinstating)		4TE		
	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Co				\$5.00 May Be Added to Fees	Make Ch Florida De	neck Payable partment of	e to State	
10.	OFFICERS AND DIRE		11.		AE	ODITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS I	N 10	┨
TITLE NAME	PO Langston, Nadine	. Delete	TITLE			President Benhke	Allied D	☐ Change	Addition	18
STREET ADDRESS	•		NAME STREET	T ADDRESS	•		National Dr.			000
CITY-ST-ZIP	ORLANDO FL 32801		CITY-			ido, FL 328				CR2E037 (10/02)
TITLE	VD	XX Delete	TITLE		Vice	President	Direct N	Change	Addition	뮕
NAME STORET ANNOESS	FELDMAN, JUDI	4	NAME		Georg	ge Urquiola	á D		EST UNION	Ö
STREET ADDRESS CITY-ST-ZIP	119 HAVILLAND POINT LONGWOOD FL 32779		STREET	T ADDRESS			e Ave., Ste.	200		
MILE	VD VD					ndo, FL 328	301			. _
VAME	ROSA, RHONDA	☐ Dalete	TITLE	ķ	PESID	)ENT	$\Gamma$	XIX) Change	☐ Addition	
STREET ADORESS	400 INTERNATIONAL PKWY		4	T ADDRESS			. V			-
CITY-ST-ZIP	HEATHROW FL 32746		CITY-S	JT-ZIP	م حامرا			. ~.		
TITLE	SD ALBOIGHT GAGALI	XIX Delete	TITLE	}	Secre	tary		Change	XX Addition	
iame Treet address	ALBRIGHT, SARAH 9801 INTERNATIONAL DRIVE		NAME	ADDRESS (1)	Jan_N		· 1)-		1242	
ATY-ST-ZIP	ORLANDO FL 32819		CITY-S	T-ZIP	2950-	Lake Emma Mary, FL-3	Road			
TITLE	TD	X[2 Delete	TITLE		Treas		127405	☐ Change	XIX) Addition	1
AME	WITHEY, GINA		NAME	-	Audre	y Nazario	$\mathcal{D}$	Citalige	25 <u>25</u> Addition	
TREET ADDRESS ITY-ST-ZIP	4546 S SEMORAN BLVD, #757 Orlando Fl 32822			ADDRESS	315 N	orth Bumby	Avenue 🖊	- <i>'</i>		
ITLE	ONDANDO PL 32022		CITY-ST	r-ZIP	Orlan	do, Florid	a 32803	-		
AME	ŕ	☐ Delete	TITLE NAME					Change	☐ Addition	
TREET ADDRESS				ADDRESS					j	
ITY-ST-ZIP			CITY-ST	r-zip				•	]	
of the core	ertify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, with	ered to execute this report on	e exemp	otion states	d in Sectio ve the sam ter 617, Flo	on 119.07(3)(i), Flor ne legal effect as if orida Statutes; and	ida Statutes. I further omade under oath; that that my name appear	certify that the in I am an officer s in Block 10 or	nformation or director Block 11 if	