

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91141 011 ***150.00

DOCUMENT # P98000102187

1. Entity Name

MEETING MANAGEMENT CONSULTANTS, INC.

Principal Place of Business

**238 WILSHIRE BLVD.
 STE. 149
 CASSELBERRY FL 32707**

Mailing Address

**238 WILSHIRE BLVD.
 STE. 149
 CASSELBERRY FL 32707**

00040730



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3542852**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BOGARD, STEVEN D
 1263 MARINA POINT
 #203
 CASSELBERRY FL 32707**

7. Name and Address of New Registered Agent

Name **BOGARD, STEVEN D**

Street Address (P.O. Box Number is Not Acceptable)

1710 WINTER GREEN BLVD

City **WINTER PARK**

FL

Zip Code **32792**

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

TITLE **P** ☐ Delete
 NAME **DIPIETRI, TRISH**
 STREET ADDRESS **100B E. MICHIGAN ST.**
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **VST** ☐ Delete
 NAME **BOGARD, STEVEN D**
 STREET ADDRESS **1263 MARINA POINT, 203**
 CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **VST** ☐ Change ☐ Addition
 NAME **BOGARD, STEVEN D.**
 STREET ADDRESS **1710 WINTER GREEN BLVD**
 CITY-ST-ZIP **WINTER PARK, FL 32792**

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

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

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

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

CR2E034 (10/00)

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 407-831-8885

Date

Daytime Phone #