

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 08, 2000 8:00 am
Secretary of State

09-08-2000 90008 002 ****61.25

DOCUMENT # 768270

1. Entity Name

CENTRAL FLORIDA CONVENTION SERVICES ASSOCIATION.

R

Principal Place of Business

Mailing Address

12319 S. ORANGE BLOSSOM TRAIL
SUITE 300
ORLANDO FL 32837-6506

12319 S. ORANGE BLOSSOM TRAIL
SUITE 300
ORLANDO FL 32837-6506

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

59-2372777

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STATON, ATHENA
9753 S. ORANGE BLOSSOM TR.
SUITE 101
ORLANDO FL 32837

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

After September 13, 2000 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 PD ☒ Delete
NAME STAHT, MICHAEL
STREET ADDRESS 7611 S OBT
CITY-ST-ZIP ORLANDO FL

TITLE PD ☒ Change ☐ Addition
NAME JOSEPH KEMPA
STREET ADDRESS 5715 Major Blvd
CITY-ST-ZIP Orlando, FL 32819

TITLE TD ☒ Delete
NAME LOVE, WENDY
STREET ADDRESS 7007 SEA HARBOR DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE ~~TD~~ ☒ Change ☐ Addition
NAME GARY POTTS
STREET ADDRESS 2901 Parkway Blvd
CITY-ST-ZIP Kissimmee, FL 34747

TITLE VP ☒ Delete
NAME HARBIN, DEBORAH
STREET ADDRESS 5561 S. OBT
CITY-ST-ZIP ORLANDO FL

TITLE VP ☒ Change ☐ Addition
NAME KAREN KUSZEL
STREET ADDRESS 5097 EARST CT
CITY-ST-ZIP Orlando, FL 32819

TITLE VD ☐ Delete
NAME GEARY, VIVIAN
STREET ADDRESS 1000 UNIVERSAL STUDIOS BLVD
CITY-ST-ZIP ORLANDO FL

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

TITLE S ☒ Delete
NAME DEUTSCH, CHRISTINE
STREET ADDRESS 7703 ORANGE TREE LANE
CITY-ST-ZIP ORLANDO FL

TITLE S ☒ Change ☐ Addition
NAME Charles Putney
STREET ADDRESS 745 Orienta Ave
CITY-ST-ZIP Altamonte Springs, FL 32701

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED

Date

Daytime Phone #

9-6-2000 7603414

CR2E037 (5/00)