

FILED
May 22, 2001 8:00 am
Secretary of State

05-21-2001 90038 035 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768270

1. Entity Name

Central Florida Convention Services, Inc.

Principal Place of Business

Mailing Address

4421 Gilpin Way
Orlando, FL 32812

P.O. Box 560787
Orlando, FL 32856-0787

2. Principal Place of Business

Same as above

3. Mailing Address

same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

same as above

City & State

same as above

4. FEI Number

59-2372777

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Athena Station
9753 S. Orange Blossom Tr.
Orlando, FL 32837

Name
Londra H. Mead

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

4421 Gilpin Way

City
Orlando

FL

Zip Code
32812

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

Londra H. Mead

5/11/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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
NAME
PD
Karen Kuzsel
STREET ADDRESS
5097 Ernst Court
CITY-ST-ZIP
Orlando, FL 32819

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
TD
Gary D. Potts
STREET ADDRESS
313 Feather Place
CITY-ST-ZIP
Longwood, FL 32779

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
SD
Charles Putney
STREET ADDRESS
745 Orienta Ave.
CITY-ST-ZIP
Altamonte Springs, FL 32701

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
D
Joy Evans
STREET ADDRESS
8701 World Center Dr.
CITY-ST-ZIP
Orlando, FL 32821

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
D
Claudia Vila
STREET ADDRESS
6220 S. Orange Blossom Tr.
CITY-ST-ZIP
Orlando, FL 32809

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
D
Claudia Vila
STREET ADDRESS
6220 S. Orange Blossom Tr.
CITY-ST-ZIP
Orlando, FL 32809

☐ 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

Londra H. Mead

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/01 407-275-3777

DATE

Daytime Phone #

CR2E037 (11/00)