

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 525664

1. Entity Name

CONVENTION PLANNING SERVICES, INC.

Principal Place of Business

2453 ORLANDO CENTRAL PKWY
ORLANDO FL 32809

Mailing Address

2453 ORLANDO CENTRAL PKWY
ORLANDO FL 32809

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

DUANE LATIMER
1950 COVE COLONY RD
MAITLAND FL 32751

7. Name and Address of New Registered Agent

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

Duane Latimer

1-23-01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
TATE, WILLIAM A
2931 SUMMERFIELD RD
WINTER PARK FL 32792 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DECKER, SHARON L
212 ROBIN LEE RD
OVIEDO FL 32765 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
LATIMER, DUANE A
1950 COVE COLONY RD.
MAITLAND FL 32751 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
TATE, HELEN B
2931 SUMMERFIELD RD
WINTER PARK FL 32792 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
TATE, JOHN A
11505 OSPREY POINT BLVD
CLERMONT FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
2537 MAITLAND CROSSING WAY #12-203
ORLANDO, FL 32810

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

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:

Helen B. Tate

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90102 001 ***476.25

6 5 0 0 9



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1723972

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

CR2E034 (10/00)