

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **747488**

1. Entity Name

**CENTRAL FLORIDA SOCIETY OF ASSOCIATION EXECUTIVE**

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90013 009 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4421 GILPIN WAY  
 ORLANDO FL 32812  
 US

P O BOX 560467  
 ORLANDO FL 32856-0467  
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 560787 Or132856

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL

4. FEI Number

59-1880365

Applied For

Not Applicable

Zip

Country

Zip  
 32856-0787

Country

USA

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

MEAD, LONDRA H  
 4421 GILPIN WAY  
 ORLANDO FL 32812

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

*Londra H Mead*

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**

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  Delete  
 NAME D LARA, PEGGY  
 STREET ADDRESS 4162 EDGEWATER DRIVE  
 CITY-ST-ZIP ORLANDO FL 32804

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME PD JENNINGS, BELTON III  
 STREET ADDRESS 621 E CENTRAL BLVD  
 CITY-ST-ZIP ORLANDO FL 32801

TITLE  Change  Addition  
 NAME Immediate Past Pres D Belton Jennings, III  
 STREET ADDRESS 1330 W. Lee Rd.  
 CITY-ST-ZIP Orlando, FL 32810

TITLE  Delete  
 NAME VPD MCCASKILL, CATHERINE  
 STREET ADDRESS 7025 AUGUSTA NATIONAL DR  
 CITY-ST-ZIP ORLANDO FL 32822

TITLE  Change  Addition  
 NAME President-Elect D Catherine McCaskill  
 STREET ADDRESS 7025 Augusta National Dr.  
 CITY-ST-ZIP Orlando, FL 32822

TITLE  Delete  
 NAME EVP MEAD, LONDRA H  
 STREET ADDRESS 4421 GILPIN WAY  
 CITY-ST-ZIP ORLANDO FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME TD MALADECKI, RICHARD  
 STREET ADDRESS 7380 SAND LAKE RD STE 135  
 CITY-ST-ZIP ORLANDO FL 32819

TITLE  Change  Addition  
 NAME Treasurer D Tom Monahan  
 STREET ADDRESS 900 Fox Valley Dr., Ste.204  
 CITY-ST-ZIP Longwood, FL 32779

TITLE  Delete  
 NAME PED HUPP, LYNN  
 STREET ADDRESS 222 S WESTMONTE DR STE 205  
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE  Change  Addition  
 NAME President Lynn Hupp  
 STREET ADDRESS 1089 W. Morse Blvd. Ste.C  
 CITY-ST-ZIP Winter Park, FL 32789

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

9/8/00

407-275-3777

Date

Daytime Phone #

CR2E037 (9/99)