

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90227 030 ****61.25

DOCUMENT # 747488

1. Entity Name

CENTRAL FLORIDA SOCIETY OF ASSOCIATION EXECUTIVE S, INC.

Principal Place of Business

Mailing Address

4421 GILPIN WAY
 ORLANDO FL 32812
 US

P O BOX 560787
 ORLANDO FL 32856
 US

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

59-1880365

Applied For

Not Applicable

-5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

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

TITLE TD Change Addition
 NAME NANCY BERRY
 STREET ADDRESS 222 S. WEST MONTE
 CITY-ST-ZIP ALTAMONTE SPRGS, FL 32714

TITLE PED Delete
 NAME CARMEN, CHARLES
 STREET ADDRESS 22 W. LAKE BEAUTY DR, STE 314
 CITY-ST-ZIP ORLANDO FL 32806

TITLE PD Change Addition
 NAME CARMEN, CHARLES
 STREET ADDRESS 22 W. LAKE BEAUTY DR, STE. 314
 CITY-ST-ZIP ORLANDO, FL 32806

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

TITLE D Change Addition
 NAME DYKE SHANNON
 STREET ADDRESS 1912 LEE RD.
 CITY-ST-ZIP ORLANDO, FL 32810

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

TITLE Change Addition

TITLE VPD Delete
 NAME MONAHAN, TOM
 STREET ADDRESS 900 FOX VALLEY DR, STE 204
 CITY-ST-ZIP LONGWOOD FL 32779

TITLE PED Change Addition
 NAME MONAHAN, TOM
 STREET ADDRESS 900 FOX VALLEY DR, STE 204
 CITY-ST-ZIP LONGWOOD, FL 32779

TITLE D Delete
 NAME WAIT, TED
 STREET ADDRESS 12644 RESEARCH PKWY
 CITY-ST-ZIP ORLANDO FL 32826

TITLE VPD Change Addition
 NAME TED WITT
 STREET ADDRESS 12644 RESEARCH PKWY
 CITY-ST-ZIP ORLANDO, FL 32826

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 LONDRA H. MEAD

6/30/02 407-275-3777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)