# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 22, 2001 8:00 am**
**Secretary of State**
05-21-2001 90038 035 ****61.25

DOCUMENT # 768270

1. Entity Name
Central Florida Convention Services, Inc.

| Principal Place of Business | Mailing Address |
|---|---|
| 4421 Gilpin Way<br>Orlando, FL 32812 | P.O. Box 560787<br>Orlando, FL 32856-0787 |

45903

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Same as above | same as above |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: same as above | City & State: same as above |
| 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 |
|---|---|
| Atena Staton<br>9753 S. Orange Blossom Tr.<br>Orlando, FL 32837 | Name: Londra H. Mead<br>Street Address (P.O. Box Number is Not Acceptable): 4421 Gilpin Way<br>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 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Karen Kuzsel<br>5097 Ernst Court<br>Orlando, FL 32819 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>Gary D. Potts<br>313 Feather Place<br>Longwood, FL 32779 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>Charles Putney<br>745 Orienta Ave.<br>Altamonte Springs, FL 32701 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Joy Evans<br>8701 World Center Dr.<br>Orlando, FL 32821 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Claudia Vila<br>6220 S. Orange Blossom Tr.<br>Orlando, FL 32809 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (11/00)

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 5/11/01 407-275-3777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #