

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768270

1. Entity Name

CENTRAL FLORIDA CONVENTION SERVICES ASSOCIATION, 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

860 Sunshine Lane

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

4. FEI Number

59-2372777

Applied For

Not Applicable

Zip
32714

Country
USA

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

MEAD, LONDRA H.
4421 GILPIN WAY
ORLANDO FL 32812

Name
Charles Putney

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

City Altamonte Springs FL Zip Code 32714

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 PD
NAME KUZSEL, KAREN
STREET ADDRESS 5097 ERNST COURT
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

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

TITLE TD
NAME POTTS, GARY D
STREET ADDRESS 313 FEATHER PLACE
CITY-ST-ZIP LONGWOOD FL 33779 ☐ Delete

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

TITLE SD
NAME PUTNEY, CHARLES
STREET ADDRESS 745 ORIENTA AVENUE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 ☐ Delete

TITLE PED
NAME Putney, Charles
STREET ADDRESS 860 Sunshine Lane
CITY-ST-ZIP Altamonte Springs, FL 32714 ☒ Change ☐ Addition

TITLE D
NAME EVANS, JOY
STREET ADDRESS 8701 WORLD CENTER DRIVE
CITY-ST-ZIP ORLANDO FL 32821 ☒ Delete

TITLE SD
NAME Dawn Baugh
STREET ADDRESS 520 Birdsong Court
CITY-ST-ZIP Longwood, FL 32779 ☐ Change ☒ Addition

TITLE D
NAME VILA, CLAUDIA
STREET ADDRESS 6220 S ORANGE BLOSSOM TRAIL
CITY-ST-ZIP ORLANDO FL 32809 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

07-08-2002 90234 036 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)