

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90222 038 ****61.25

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1. Entity Name

CENTRAL FLORIDA CONVENTION SERVICES ASSOCIATION, INC.



Principal Place of Business

**860 SUNSHINE LANE
ALTAMONTE SPRINGS FL 32714
US**

Mailing Address

**P.O. BOX 560787
ORLANDO FL 32856-0787**

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 **59-2372777**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PUTNEY, CHARLES
860 SUNSHINE LANE
ALTAMONTE SPRINGS, FL 32714**

7. Name and Address of New Registered Agent

Name **Tim Morrison or Liz Moran**
Street Address (P.O. Box Number is Not Acceptable)
Rainbow Assoc. & Meetings Management
250 Wilshire Blvd, Ste. 179
City **Casselberry** FL Zip Code **32707**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE **PED** ☐ Delete
NAME **PUTNEY, CHARLES**
STREET ADDRESS **860 SUNSHINE LANE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **SD** ☐ Delete
NAME **BAUGH, DAWN**
STREET ADDRESS **520 BIRDSONG COURT**
CITY-ST-ZIP **LONGWOOD FL 32779**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Past President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE **D** ☐ Change ☒ Addition
NAME **Raylene Taskoski**
STREET ADDRESS **P.O. Box 2932**
CITY-ST-ZIP **Windermere, FL 34786**

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]
SIGNATURE REQUIRED

CR2E037 (10/02)