

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000003736**

1. Entity Name

ALLIED CONVENTION SERVICE, INC.**FILED**
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90013 019 ***158.75

Principal Place of Business	Mailing Address
C/O CARLTON.FIELDS.WARD.EMMANUEL P.A. 255 SOUTH ORANGE AVENUE, STE 1600 ORLANDO FL 32801	C/O CARLTON.FIELDS.WARD.EMMANUEL P.A. 255 SOUTH ORANGE AVENUE, STE 1600 ORLANDO FL 32801-3463

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2942140**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****DIAMOND, PHILIP**
255 SOUTH ORANGE AVENUE
STE 1600
ORLANDO FL 32801**7. Name and Address of New Registered Agent**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	PREMONE, CHARLES T	
STREET ADDRESS	7550 EXCHANGE DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCNEILL, JAMES H	
STREET ADDRESS	2211 BROADWAY, N.E.	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	V	<input type="checkbox"/> Delete
NAME	CASEY, WILLIAM C	
STREET ADDRESS	176 LINCOLN STREET	
CITY-ST-ZIP	BRIGHTON MA	
TITLE	S	<input type="checkbox"/> Delete
NAME	CAHILL, GEORGE F	
STREET ADDRESS	ONE CENTER PLAZA	
CITY-ST-ZIP	BOSTON MA	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCNEILL, EDWARD J	
STREET ADDRESS	4024 SOUTH PIN OAK AVENUE	
CITY-ST-ZIP	NEW ORLEANS LA	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASEY, TIMOTHY C	
STREET ADDRESS	176 LINCOLN STREET	
CITY-ST-ZIP	BRIGHTON MA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 #