

2001. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003736

1. Entity Name

ALLIED CONVENTION SERVICE, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90331 041 ***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

C0050010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2300 PRINCIPAL ROW

3. Mailing Address

2300 PRINCIPAL ROW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando, FL

Zip

32837

Country

ORANGE

Zip

32837

Country

ORANGE

4. FEI Number 59-2942140

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAMOND, PHILIP

~~255 SOUTH ORANGE AVENUE~~
~~STE 1600~~
ORLANDO FL 32801

Name

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

450 South Orange Avenue
Suite 500

City

Orlando

FL

Zip Code

32801

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

Philip Diamond

PLH D-1

2-28-01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

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	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2300 PRINCIPAL ROW
CITY-ST-ZIP	ORLANDO, FL
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

Charles T. Premone

CHARLES T. PREMONE

4-18-01

407-851-0261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)