

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90093 037 ***158.75

DOCUMENT # F95000003736

1. Entity Name
ALLIED CONVENTION SERVICE, INC.



Principal Place of Business
**2300 PRINCIPAL ROW
ORLANDO FL 32837**

Mailing Address
**2300 PRINCIPAL ROW
ORLANDO FL 32837**



2. Principal Place of Business

2502 LAKE ORANGE DR

3. Mailing Address

2502 LAKE ORANGE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-2942140

Applied For

Not Applicable

Zip

32837

Country

ORANGE

Zip

32837

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CFRA, LLC
ONE HARBOUR PLACE, SUITE 500
777 S. HARBOUR ISLAND BLVD.
TAMPA FL 33602**

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

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PREMONE, CHARLES T	
STREET ADDRESS	2300 PRINCIPAL ROW	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2502 LAKE ORANGE DR
CITY-ST-ZIP	ORLANDO, FL 32837
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8346 LAKE BURDEN Circle
CITY-ST-ZIP	WINDEMERE, FL 32837
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 607, 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:

CHARLES T. PREMONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-03

Date

407-851-0261

Daytime Phone #

CR2E034 (10/02)