

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90155 024 \*\*\*150.00

**DOCUMENT # P98000033293**

1. Entity Name

**EXHIBITION LOGISTICS, INC.**

Principal Place of Business

**7474 BROKERAGE DRIVE  
 ORLANDO FL 32809**

Mailing Address

**215 NORTH EOLA DRIVE  
 ORLANDO FL 32802**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **58-2386064**

Applier

Not Ap

5. Certificate of Status Desired ☐

**\$8.75** Addition.  
 Fee Required

6. Name and Address of Current Registered Agent

**HOCTOR, JAMES J  
 215 NORTH EOLA DRIVE  
 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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** M  
 Added to F

11. OFFICERS AND DIRECTORS

TITLE	<b>DPS</b>	<input type="checkbox"/> Delete
NAME	<b>LEWIS, JAMES B</b>	
STREET ADDRESS	<b>7474 BROKERAGE DRIVE</b>	
CITY - ST - ZIP	<b>ORLANDO FL 32809</b>	
TITLE	<b>DVT</b>	<input type="checkbox"/> Delete
NAME	<b>MCCALLUM, GARY R</b>	
STREET ADDRESS	<b>7474 BROKERAGE DRIVE</b>	
CITY - ST - ZIP	<b>ORLANDO FL 32809</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHIN, ROBERT</b>	
STREET ADDRESS	<b>7474 BROKERAGE DRIVE</b>	
CITY - ST - ZIP	<b>ORLANDO FL 32809</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEITHLEITER, DALE</b>	
STREET ADDRESS	<b>7474 BROKERAGE DRIVE</b>	
CITY - ST - ZIP	<b>ORLANDO FL 32809</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*James B. Lewis, President*  
**JAMES B. LEWIS, PRESIDENT**

407-855-4088