

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90180 028 \*\*\*150.00

**DOCUMENT # G33598**

1. Entity Name

**THE WINTER GARDEN TIMES, INC.**

Principal Place of Business

**720 SOUTH DILLARD ST.  
 % GEORGE R. BAILEY, JR.  
 WINTER GARDEN FL 34787-3908**

Mailing Address

**720 SOUTH DILLARD ST.  
 % GEORGE R. BAILEY, JR.  
 WINTER GARDEN FL 34787-3908**

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

**59-2288845**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BAILEY, GEORGE R., JR.  
 720 SOUTH DILLARD ST.  
 WINTER GARDEN FL 32787**

7. Name and Address of New Registered Agent

Name

**ANDREW C. BAILEY**

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

**720 S. DILLARD ST.**

City

**WINTER GARDEN FL**

Zip Code

**34787**

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

*George R. Bailey*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-22-02**

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, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BAILEY, GEORGE R., JR.</b>	
STREET ADDRESS	<b>720 S. DILLARD ST.</b>	
CITY-ST-ZIP	<b>WINTER GARDEN FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>BAILEY, ANNE S</b>	
STREET ADDRESS	<b>720 S DILLARD ST</b>	
CITY-ST-ZIP	<b>WINTER GARDEN, FL 00000</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>BAILEY, ANDREW C.</b>	
STREET ADDRESS	<b>720 S. DILLARD ST</b>	
CITY-ST-ZIP	<b>WINTER GARDENS FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 an other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**ANDREW BAILEY**

**4-22-02**

**407-656-2121**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)