

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-19-2002 90156 012 ***236.25
 02-11-2002 90074 021 ****61.25

DOCUMENT # N01000007262

1. Entity Name

THE TIMES SQUARE MERCHANT AND EVENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1113 ESTERO BLVD UNIT 5
 FT MYERS BEACH FL 33931

1113 ESTERO BLVD UNIT 5
 FT MYERS BEACH FL 33931

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIEBE, JOERG
1113 ESTERO BLVD UNIT 5
FT MYERS BEACH FL 33931

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

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PSD	CERECEDA, ANITA	1113 ESTERO BLVD UNIT 5	FT MYERS BEACH FL 33931	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VTD	WIEBE, JOERG	1113 ESTERO BLVD UNIT 5	FT MYERS BEACH FL 33931	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	LIEGH, DAVID E	5150 TAMIAMI TR N STE 501	NAPLES FL 34103	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 617, 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: **SIGNATURE REQUIRED**

9-10-02 2394639919

CR2E037 (4/02)