


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90674 024 ****61.25

DOCUMENT # **N01000007262**

1. Entity Name
THE TIMES SQUARE MERCHANT AND EVENT ASSOCIATION, INC.



Principal Place of Business
**1113 ESTERO BLVD UNIT 5
FT MYERS BEACH FL 33931**

Mailing Address
**1113 ESTERO BLVD UNIT 5
FT MYERS BEACH FL 33931**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1204 Estero Blvd

3. Mailing Address
1204 Estero Blvd.

Suite, Apt. #, etc.

City & State
Ft Myers, FL

City & State
Ft. Myers FL

Zip
33931

Country
USA

Zip
33931

Country
USA

4. FEI Number **NOT APPLICABLE**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
ANITA Cereceda

Street Address / P.O. Box Number is Not Acceptable
1204 Estero Blvd.

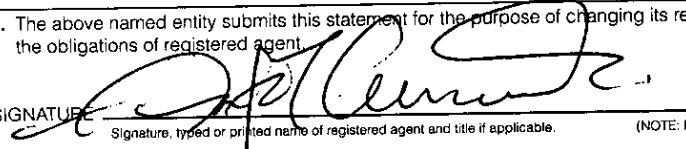
C/o Surf Club

City
Ft. Myers Beach

FL

Zip Code
33931

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  **ANITA Cereceda, President 3-14-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

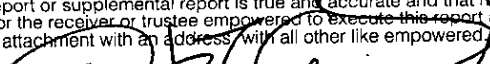
10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  **ANITA Cereceda President 3-14-03 239-218-1450**

CR2E037 (10/02)