

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13385

1. Entity Name

OUTLET RETAIL MERCHANTS ASSOCIATION, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90064 026 ****61.25

Principal Place of Business

Mailing Address

11701 S BELCHER RD
STE 130
LARGO FL 33773
US

PO BOX 17209
CLEARWATER FL 33762-0209
US

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

59-2628371

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALBRIGHT, LISA A
11701 S BELCHER RD
STE 130
LARGO FL 33773

Name

O'NEIL VERONICA

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

29399 US Hwy 19 N.

SUITE 370

City

CLEARWATER

FL

Zip Code

33761

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

FILE NOW:
FEE IS \$61.25

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	TD	<input type="checkbox"/> Delete
NAME	LEN MOGIL	
STREET ADDRESS	1001 FRONTIER RD	
CITY-ST-ZIP	BRIDGEWATER NJ	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MICHAEL ERNST	
STREET ADDRESS	450 W HANES MILL RD	
CITY-ST-ZIP	WINSTOM-SALEM NC	
TITLE	CD	<input type="checkbox"/> Delete
NAME	WURTZ, BRENDA	
STREET ADDRESS	9 WEST BROAD STREET	
CITY-ST-ZIP	STAMFORD CT	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)