

2001 UNIFORM BUSINESS REPORT (UBR)

2/13

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-13-2001 90068 023 ****70.00

DOCUMENT # N13385

1. Entity Name

OUTLET RETAIL MERCHANTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

11701 S BELCHER RD
 STE 130
 LARGO FL 33773
 US

PO BOX 17209
 CLEARWATER FL 33762-209
 US

2. Principal Place of Business

3. Mailing Address

29399 U.S. Hwy. 19 N.

PO Box 14857

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 370

City & State

City & State

Clearwater, FL

Clearwater, FL

Zip

Country

Zip

Country

33761-2137

USA

33766-4857

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VERONICA, O'NEIL
 29399 US HWY 19 N
 CLEARWATER FL 33761

Name Andrea Stein
 Street Address (P.O. Box Number is Not Acceptable)
29399 US Hwy 19 N.
Suite 370
 City Clearwater FL Zip Code 33761-2137

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

TITLE	TD	<input checked="" 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 checked="" type="checkbox"/> Delete
NAME	WURTZ, BRENDA	
STREET ADDRESS	9 WEST BROAD STREET	
CITY-ST-ZIP	STAMFORD CT	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Michael Shaffer	
STREET ADDRESS	1001 Frontier Rd.	
CITY-ST-ZIP	Bridgewater, NJ 08807	
TITLE	Vice Chairman	<input type="checkbox"/> Delete
NAME	Howard Buorke	
STREET ADDRESS	180 Rittenhouse Cir	
CITY-ST-ZIP	Bristol, PA 19007	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
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 #

2/4/01 90685 1157 X6520

CR2E037 (10/00)