

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90038 033 ****61.25

DOCUMENT # N13385

1. Entity Name

OUTLET RETAIL MERCHANTS ASSOCIATION, INC.

Principal Place of Business

**29399 U S HWY 19 N
 SUITE 370
 CLEARWATER FL 33761-2137
 US**

Mailing Address

**PO BOX 14857
 CLEARWATER FL 33766-4857
 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

**STEIN, ANDREA
 29399 US HWY 19 N
 SUITE 370
 CLEARWATER FL 33761-2137**

Name **Pamela Liebgold**

Street Address (P.O. Box Number is Not Acceptable)
29399 U.S. HWY 19N, 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

Pamela Liebgold, Orma Board Asst. 2/19/02

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 **CD** ☐ Delete
 NAME **MICHAEL ERNST**
 STREET ADDRESS **450 W HANES MILL RD**
 CITY-ST-ZIP **WINSTOM-SALEM NC**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **SHAFFER, MICHAEL**
 STREET ADDRESS **1001 FRONTIER RD**
 CITY-ST-ZIP **BRIDGEWATER NJ 08807**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VCD** ☐ Delete
 NAME **BUERKLE, HOWARD**
 STREET ADDRESS **180 RITTENHOUSE CIR**
 CITY-ST-ZIP **BRISTOL PA 19007**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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 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: *Michael Shaffer* **Michael Shaffer** **TP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)