

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P21571

1. Entity Name

WORLD'S FAIR COLLECTORS SOCIETY, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90177 028 ****70.00

Principal Place of Business

Mailing Address

6639 WATERFORD LANE
SARASOTA FL 34238

6639 WATERFORD LANE
SARASOTA FL 34238-2639

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-2449028

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ICARD MERRILL CULLIS TIMM FUREN GINSBURG
ATTN: F. THOMAS HOPKINS, III
2033 MAIN STREET, SUITE 600
SARASOTA FL 34237

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.

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 C ☐ Delete
NAME STEVE SHEPPARD
STREET ADDRESS 2500 JOHNSON AVE.
CITY-ST-ZIP BRONX NY 10463

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

TITLE P ☐ Delete
NAME PENDER, MICHAEL R.
STREET ADDRESS 6639 WATERFORD LANE
CITY-ST-ZIP SARASOTA FL

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

TITLE PP ☐ Delete
NAME SCHNEIDER, WILLIAM
STREET ADDRESS 63-43 78TH STREET
CITY-ST-ZIP MIDDLE VILLAGE NY

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

TITLE ST ☐ Delete
NAME PENDER, FRANCINE J.
STREET ADDRESS 6639 WATERFORD LANE
CITY-ST-ZIP SARASOTA FL

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

TITLE D ☐ Delete
NAME RADER, ROBERT
STREET ADDRESS 5500 BARTON DRIVE
CITY-ST-ZIP ORLANDO FL

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

TITLE D ☐ Delete
NAME DIXON, THOMAS
STREET ADDRESS 1416 MIDINA AVE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Change ☐ 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 #

Michael R. Pender
MICHAEL R. Pender

1-10-00 941-923-590

CR2E037 (9/99)