

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P21571

1. Entity Name

WORLD'S FAIR COLLECTORS SOCIETY, INC.

Principal Place of Business

6639 WATERFORD LANE
SARASOTA FL 34238

Mailing Address

6639 WATERFORD LANE
SARASOTA FL 34238

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

11-2449028

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

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

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

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

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

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

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

TITLE JOHN ANDREWS ☒ Change ☐ Addition
NAME
STREET ADDRESS 149 Ridge Road
CITY-ST-ZIP Nutley, NJ 07110

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

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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:

Thomas Dixon President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90031 013 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)