

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90067 014 ****70.00

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete
NAME **ANDREWS, JOHN**
STREET ADDRESS **149 RIDGE ROAD**
CITY-ST-ZIP **NUTLEY NJ 07110**

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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 of Michael R. Pender
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03

941-923-2590

CR2E037 (10/02)