

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704925

1. Entity Name

OPTIMIST CLUB OF IVES ESTATES, NORTH MIAMI BEACH

Principal Place of Business

1511 N.E. 207 STREET
NORTH MIAMI BEACH FL 33179

Mailing Address

1511 N.E. 207 STREET
NORTH MIAMI BEACH FL 33179

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

59-6168880

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

WILSON, BERNADETTE
1511 NE 207 ST
NO MIAMI BEACH FL 33179

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 PD
NAME PEREZ, MONTY
STREET ADDRESS 21021 NE 24 CT
CITY-ST-ZIP MIAMI FL 33180 ☐ Delete

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

TITLE VD
NAME GUSTAFSON, JAMES
STREET ADDRESS 1420 NE 201 TERRACE
CITY-ST-ZIP MIAMI FL 33179 ☐ Delete

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

TITLE VD
NAME BOYHAN, RICHARD
STREET ADDRESS 3601 MONROE ST #103
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

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

TITLE SD
NAME MCCOURT, SUSAN
STREET ADDRESS 520 SW 1ST AVE
CITY-ST-ZIP HALLANDALE FL 33009 ☐ Delete

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

TITLE TD
NAME WILSON, BERNADETTE
STREET ADDRESS 1511 NE 207 ST
CITY-ST-ZIP MIAMI FL 33179 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: Bernadette L Wilson 1/11/01 954 920-6010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90008 031 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)