

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90677 032 ****70.00

DOCUMENT # 704925

1. Entity Name

OPTIMIST CLUB OF IVES ESTATES, NORTH MIAMI BEACH, INC.

Principal Place of Business

Mailing Address

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

**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

Bernadette R. Wilson

1-18-02

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

TITLE **PD** ☒ Change ☐ Addition
 NAME **JAMES Gustafson**
 STREET ADDRESS **4480 SW 38 TR**
 CITY-ST-ZIP **Ft. Lauderdale FL 33312**

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

TITLE **VD** ☒ Change ☐ Addition
 NAME **Luis Villafane**
 STREET ADDRESS **20345 NE 13CT**
 CITY-ST-ZIP **MIAMI FL 33179**

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

TITLE **VD** ☒ Change ☐ Addition
 NAME **MONTY Perez**
 STREET ADDRESS **21021 NE 24 CT**
 CITY-ST-ZIP **MIAMI FL 33180**

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Bernadette R. Wilson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/15/02 954-920-6010

CR2E037 (9/01)