

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90113 043 ****70.00

DOCUMENT # 704925

1. Entity Name
OPTIMIST CLUB OF IVES ESTATES, NORTH MIAMI BEACH, INC.



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



☐ CHECK HERE IF MAKING CHANGES

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

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

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

Bernadette R. Wilson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-12-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUSTAFSON, JAMES 4480 SW 38 TERR FORT LAUDERDALE FL 33312	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUSTAFSON, JAMES 1420 NE 201 TERRACE MIAMI FL 33179	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEREZ, MONTY 21021 NE 24 CT MIAMI FL 33180	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCOURT, SUSAN 520 SW 1ST AVE HALLANDALE FL 33009	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, BERNADETTE 1511 NE 207 ST MIAMI FL 33179	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD mccourt, Jim 520 S.W. 1 AVE Hallandale FL 33009	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Palmer, Bill 1321 N.E. 209 Terr MIAMI FL 33179	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Villafane, Louis 20345 N.E. 13 Ct MIAMI FL 33179	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: *B. WILSON*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-03

CR2E037 (10/02)