

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714375

1. Entity Name

THE OPTIMIST CLUB OF PEMBROKE PINES, FLORIDA, IN

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90012 011 \*\*\*\*70.00

Principal Place of Business

Mailing Address

P O BOX 848535  
 PEMBROKE PINES FL 33084

P O BOX 848535  
 PEMBROKE PINES FL 33084

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

59-6210370

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

RYAN, KAREN D  
 6831 SW 9TH ST  
 PEMBROKE PINES FL 33023

Name  
 JEFFREY WEINSTEIN

Street Address (P.O. Box Number is Not Acceptable)  
 4473 N.W. 92 AVE.

City  
 SUNRISE

FL

Zip Code  
 33351

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

*Jeffrey Weinstein President*

7/6/00

(Signature typed printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
 After September 13, 2000 min. will be \$236.25

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VP  
 CASTERTON, WARD  
 1270 GOLDVIEW DR W  
 PEMBROKE PINES FL ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 P  
 RYAN, MICHAEL  
 6831 SW 9 ST  
 PEMBROKE PINES FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 RYAN, MICHAEL  
 6831 SW 9 ST  
 PEMBROKE PINES, FL ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 T  
 CASTERTON, JEFF  
 13580 NW 4TH ST, #206  
 PEMBROKE PINES FL ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 S  
 WEINSTEIN, JEFF  
 1151 NORTHWEST 124 AVENUE  
 PEMBROKE PINES FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PRESIDENT  
 JEFF WEINSTEIN  
 4473 NW 92 AVE.  
 SUNRISE, FL 33351 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 RYAN, KAREN  
 6831 SW 9TH ST  
 PEMBROKE PINES FL ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 NULL, ED  
 11492 SW 10 COURT  
 FORT LAUDERDALE FL ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 KEITH COHEN  
 10950 TAFT ST.  
 PEMBROKE PINES, FL 33026 ☐ 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:

*Jeffrey Weinstein* 7/6/00 805-592-7693

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E037 (5/00)