

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

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90102 004 ****61.25

DOCUMENT # 714375

1. Entity Name

**THE OPTIMIST CLUB OF PEMBROKE PINES, FLORIDA, IN
C.**



Principal Place of Business

**P O BOX 848535
PEMBROKE PINES FL 33084**

Mailing Address

**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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WEINSTEIN, JEFFREY
4473 N.W. 92 AVE
SUNRISE FL 33351**

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 **VP** ☐ Delete
NAME **ROSS, JIM**
STREET ADDRESS **8430 NW 7TH STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **D** ☐ Delete
NAME **AGUILAR, STEVE**
STREET ADDRESS **8511 PASADENA BLVD**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **T** ☐ Delete
NAME **SABATINO, MELISSA**
STREET ADDRESS **921 N 71ST TERRACE**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE **S** ☐ Delete
NAME **WEINSTEIN, JEFF**
STREET ADDRESS **4473 NW 92 AVE**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **D** ☐ Delete
NAME **AGUILAR, DEBBIE**
STREET ADDRESS **8511 PASADENA BLVD**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **P** ☐ Delete
NAME **COHEN, KEITH**
STREET ADDRESS **10950 TAFT STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **SECRETARY** ☒ 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:

JEFFREY WEINSTEIN 1/17/03 954-747-4470

CR2E037 (10/02)