

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 725359**

1. Entity Name

**OPTIMIST CLUB OF SANFORD, INC.**

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90022 017 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**333 ROSE DR.  
 SANFORD FL 32773-6648**

**333 ROSE DR.  
 SANFORD FL 32773-5889**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-7152529**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARDIN, PEGGY M.  
 333 ROSE DRIVE  
 SANFORD FL 32771**

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  Delete  
 NAME **ST HARDIN, PEGGY M**  
 STREET ADDRESS **333 ROSE DRIVE -**  
 CITY-ST-ZIP **SANFORD FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **V WELLBORN, WILLIAM E**  
 STREET ADDRESS **707 SHEOAH BLVD #333**  
 CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE  Change  Addition  
 NAME **P**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **P WYNN, SYBERINA**  
 STREET ADDRESS **1509 TERRANCE DR**  
 CITY-ST-ZIP **SANFORD FL 32773**

TITLE  Change  Addition  
 NAME **V Black, Tony**  
 STREET ADDRESS **123 Alder Dr**  
 CITY-ST-ZIP **Sanford, FL, 32771**

TITLE  Delete  
 NAME **D BUTLER, ERNIE**  
 STREET ADDRESS **104 VIHLEN RD**  
 CITY-ST-ZIP **SANFORD FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **V BABCOCK, GLORIA**  
 STREET ADDRESS **761 MONROE HARBOR PL**  
 CITY-ST-ZIP **SANFORD FL 32773**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D CULLUM, JOHN**  
 STREET ADDRESS **222 SHIRLEY AVE**  
 CITY-ST-ZIP **SANFORD FL**

TITLE  Change  Addition  
 NAME **D Wann, Harley**  
 STREET ADDRESS **220 LaReview Dr.**  
 CITY-ST-ZIP **Sanford, FL, 32773**

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: Peggy M. Hardin **Peggy M. Hardin**

**2/29/00**

**407-322-0298**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)