## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 16, 2001 8:00 am § Secretary of State **DOCUMENT # 725359** 1. Entity Name OPTIMIST CLUB OF SANFORD, INC. 04-16-2001 90063 020 \*\*\*\*61.25 Principal Place of Business Mailing Address 333 ROSE DR. 333 ROSE DR. SANFORD FL 32773-6648 SANFORD FL 32773-6648 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 23-7152529 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) HARDIN, PEGGY M. 333 ROSE DRIVE SANFORD FL 32771 Zip Code City 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) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition TITLE ☐ Delete TITLE NAME HARDIN, PEGGY M NAME 333 ROSE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANFORD FL Change **Addition** 🔀 Delete TITLE TITLE Robbie Robertson WELLBORN, WILLIAM E NAME 707 SHEOAH BLVD #333 STREET ADDRESS 151 N. Henderson Lane STREET ADDRESS Sunford, F1. 12771 CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS:FL ☐ Change X Addition Delete 🄀 TITLE Betty Vann 220 Lakeview Dr. BLACK, TONY NAME STREET ADDRESS STREET ADDRESS 123 ALDERT DR CITY-ST-7IP CITY-ST-ZIP Sanford, Fl. 32773 SANFORD FL 32771 Change ☐ Addition ☐ Delete TITLE BUTLER, ERNIE NAME NAME STREET ADDRESS STREET ADDRESS 104 VIHLEN RD CITY-ST-ZIF CITY-ST-ZIP SANFORD FL Change Addition □ Defete TITLE TITLE NAME BABCOCK, GLORIA NAME STREET ADDRESS STREET ADDRESS 761 MONROE HARBOR PL CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32773 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME HARLEY, VANN NAME

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.

STREET ADDRESS CITY-ST-ZIP

220 LAKERVIEW DR.

SANFORD FL 32773

STREET ADDRESS

CITY-ST-ZIP

DIMIUHASLEQUIPEGG, M. Hardin