

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90087 027 ****61.25

0067315

DOCUMENT # 725359

1. Entity Name

OPTIMIST CLUB OF SANFORD, INC.

Principal Place of Business

Mailing Address

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

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

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

23-7152529

Applied For

Not Applicable

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	ST	<input type="checkbox"/> Delete
NAME	HARDIN, PEGGY M	
STREET ADDRESS	333 ROSE DRIVE	
CITY-ST-ZIP	SANFORD FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ROBERTSON, ROBBIE	
STREET ADDRESS	151 HENDERSON LANE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	V	<input type="checkbox"/> Delete
NAME	VANN, BETTY	
STREET ADDRESS	220 LAKEVIEW DRIVE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTLER, ERNIE	
STREET ADDRESS	104 VIHLEN RD	
CITY-ST-ZIP	SANFORD FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BABCOCK, GLORIA	
STREET ADDRESS	761 MONROE HARBOR PL	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARLEY, VANN	
STREET ADDRESS	220 LAKERVIEW DR.	
CITY-ST-ZIP	SANFORD FL 32773	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Cullum	
STREET ADDRESS	222 Shirley Ave	
CITY-ST-ZIP	Sanford, Fl. 32771	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Audrey Ogden	
STREET ADDRESS	2412 Rdy Aoc.	
CITY-ST-ZIP	Sanford, Fl. 32771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Peggy M. Hardin (Peggy M. Hardin)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02

Date

407-322-0298

Daytime Phone #

CR2E037 (9/01)