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

Mailing Address

3. Mailing Address

City & State

SANFORD FL 32773-6648

Suite, Apt. #, etc.

333 ROSE DR.

DOCUMENT # 725359

333 ROSE DR.

Principal Place of Business

2. Principal Place of Business

SANFORD FL 32773-6648

Suite, Apt. #, etc.

City & State

OPTIMIST CLUB OF SANFORD, INC.

220 LAKEVIEW DRIVE

SANFORD FL 32773

BUTLER, ERNIE

104 VIHLEN RD

OGDEN, AUDREY

SANFORD FL 32771

220 LAKERVIEW DR.

2412 KEY AVE

HARLEY, VANN

SANFORD FL

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Apr 25, 2003 8:00 am § Secretary of State

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🔼 CHECK HERE	IF MAKII	NG CHAN	IGES
4. FEI Number 23-7152529			Applied For
			Not Applicable
5. Certificate of Status Desired	S8.75 Additional Fee Required		
. Name and Address of New R	egistere	d Agent	

Zip Country Zip Country 32773*-5889* 31773 - 6. Name and Address of Current Registered Agent HARDIN, PEGGY M. Street Address (P.O. Box Number is Not Acceptable) 333 ROSE DRIVE-SANFORD FL 32771 City 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 \Box Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE ☐ Change ☐ Addition HARDIN, PEGGY M NAME NAME 333 ROSE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANFORD FL ☐ Delete TITLE Addition CULLUM, JOHN NAME NAME STREET ADDRESS 222 SHIRLEY AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 VP TITLE ☐ Delete TITLE ☐ Addition vann, betty NAME

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SANFORD FL 32773 12. Thereby 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

4/22/03 407-322-8298 SIGNATURE:

Addition

☐ Addition

☐ Addition

Change

☐ Change