

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90041 044 \*\*\*\*61.25

**DOCUMENT # 731033**

1. Entity Name

**THE OPTIMIST CLUB OF PLANT CITY, FLORIDA, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 1755  
 PLANT CITY FL 33564

C/O STEPHEN L. EVANS  
 104 N THOMAS ST  
 PLANT CITY FL 33566-3218

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

**59-6155184**

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

**EVANS, STEPHEN L**  
**104 N THOMAS ST**  
**PLANT CITY FL 33566**

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 checked="" type="checkbox"/> Delete
NAME	MITCHELL, ROGER L	
STREET ADDRESS	501 E VIRGINIA AVE	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	P	<input type="checkbox"/> Delete
NAME	WOODS, PAUL	
STREET ADDRESS	1702 HORSESHOE DRIVE	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	KNOX, BEN	
STREET ADDRESS	1705 SAGEBRUSH DR	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	PPD	<input type="checkbox"/> Delete
NAME	BYERS, DAVID	
STREET ADDRESS	1807 HITCHING POST PL	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BATLEY, JEFF	
STREET ADDRESS	2626 BRIDLE DR	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	KNOTTS, ANDY	
STREET ADDRESS	701 N WARNELL ST	
CITY-ST-ZIP	PLANT CITY FL	

TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robbins, Dave	
STREET ADDRESS	4121 Tanner Rd	
CITY-ST-ZIP	Dover FL 33527	
TITLE		<input 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		<input 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		

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:

*Paul D. Woods*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Paul D. Woods* 4/17/00 813/272-4396

CR2E037 (9/99)