

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # 731033****1. Entity Name**
THE OPTIMIST CLUB OF PLANT CITY, FLORIDA, INC.**Principal Place of Business**

P.O. BOX 1755

PLANT CITY
33564

FL

Mailing Address

C/O STEPHEN L. EVANS

104 N THOMAS ST
PLANT CITY
33566

FL

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**6. Name and Address of Current Registered Agent**EVANS STEPHEN L
104 N THOMAS STPLANT CITY
33566

US

FL

7. Name and Address of New Registered Agent

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

05/01/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	V	<input type="checkbox"/> Delete
NAME	KNOTTS ANDY	
STREET ADDRESS	701 N WARNELL ST	
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	PPD	<input type="checkbox"/> Delete
NAME	BYERS DAVID	
STREET ADDRESS	1807 HITCHING POST PL	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	KNOX BEN	
STREET ADDRESS	1705 SAGEBRUSH DR	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	P	<input type="checkbox"/> Delete
NAME	WOODS PAUL	
STREET ADDRESS	1702 HORSESHOE DRIVE	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ROBBINS DAVE	
STREET ADDRESS	4121 TANNER RD	
CITY-ST-ZIP	DOVER FL 33527	

TITLE	2VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERNULA GREG	
STREET ADDRESS	4107 CONCORD WAY	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATLEY JEFF	
STREET ADDRESS	2626 BRIDLE DR	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	1VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOX BEN	
STREET ADDRESS	913 RIOUX ST	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS PAUL D	
STREET ADDRESS	1702 HORSESHOE DRIVE	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBBINS DAVE	
STREET ADDRESS	4121 TANNER RD	
CITY-ST-ZIP	DOVER FL 33527	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

ST

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Fax/Phone #

CR2E037 (11/00)