

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90110 048 ****61.25

DOCUMENT # 737293

1. Entity Name

OPTIMIST CLUB OF GULF BREEZE, FLORIDA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 687
 GULF BREEZE FL 32562

P.O. BOX 687
 GULF BREEZE FL 32562-0687

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

23-7008079

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

BERTI, JOHN C
 1110 PARK LANE
 GULF BREEZE FL 32561

Name **NAT HARRIS**
 Street Address (P.O. Box Number is Not Acceptable)
1120 WILLOWOOD CIRCLE
 City **GULF BREEZE** FL Zip Code **32561**

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 NAT HARRIS S/T Nat Harris 1/7/2000
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 NAME	P NAILE, TOM	<input type="checkbox"/> Delete
STREET ADDRESS	1338 TOUR DR	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE NAME	D BURR, TIM	<input type="checkbox"/> Delete
STREET ADDRESS	208 PINETREE DR.	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE NAME	ST NEIDIG, KAREN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	900 FT PICKENS RD	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE NAME	D CAMPBELL, AL	<input type="checkbox"/> Delete
STREET ADDRESS	951 CORNADO DR	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE NAME	VP STORY, WAYNE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3866 PARADISE BAY DR	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE NAME	VP SHANE, RAY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3575 LAGUNA CT	
CITY-ST-ZIP	GULF BREEZE FL	

TITLE NAME	VP SHIRLEY, FRED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2965 ROSA DEL VILLA DRIVE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE NAME	VP PROCTOR, TIM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1142 CRANE COVE BLVD	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE NAME	D SEAGER, FRED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1140 WILLOWOOD CIRCLE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Signature Required NAT HARRIS S/T 1/7/2000 850-916-0431

CR2E037 (9/99)