

2001 UNIFORM BUSINESS REPORT (UBR)

3/12/

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-12-2001 90017 021 ****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

33034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7008079

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS, NAT
 1120 WILDWOOD CIRCLE
 GULF BREEZE FL 32561

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 the filer, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$81.25**

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	P	<input checked="" type="checkbox"/> Delete
NAME	NAILE, TOM	
STREET ADDRESS	1338 TOUR DR	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURR, TIM	
STREET ADDRESS	208 PINETREE DR	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHIRLEY, FRED	
STREET ADDRESS	2085 ROSA DEL VILLA DR	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PROCTOR, TIM	
STREET ADDRESS	1142 CRANE COVE BLVD	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, AL	
STREET ADDRESS	951 CORONADO DR	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEAGER, FRED	
STREET ADDRESS	1140 WILDWOOD CIRCLE	
CITY-ST-ZIP	GULF BREEZE FL 32561	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN BERTI	
STREET ADDRESS	1129 WILDWOOD CIRCLE	
CITY-ST-ZIP	GULF BREEZE, FL-32561	
TITLE	V-PAGE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLE, WILLIAM	
STREET ADDRESS	384 HILLSIDE AVE	
CITY-ST-ZIP	GULF BREEZE, FL-32561	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURDON, DAVID	
STREET ADDRESS	1387 CALCUTA DR	
CITY-ST-ZIP	GULF BREEZE, FL-32561	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, CHARLES	
STREET ADDRESS	1349 GREEN VISTA LANE	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	V.PRES.	<input checked="" 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 amendments.

SIGNATURE: John C. Berti
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/01 850-916-0431
 Date Daytime Phone #

CR2037 (10/00)