

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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

0069415

**DOCUMENT # 737293**

1. Entity Name  
**OPTIMIST CLUB OF GULF BREEZE, FLORIDA, INC.**



05-02-2003 90391 048 \*\*\*\*61.25

Principal Place of Business Mailing Address  
P.O. BOX 687 P.O. BOX 687  
GULF BREEZE FL 32562 GULF BREEZE FL 32562

00161600



CHECK HERE IF MAKING CHANGES

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  
**HARRIS, NAT**  
**1120 WILDWOOD CIRCLE**  
**GULF BREEZE FL 32561**

7. Name and Address of New Registered Agent  
Name **William H. Land**  
Street Address (P.O. Box Number is Not Acceptable)  
**2223 Inverness Dr**  
City **Pensacola** FL Zip Code **32503**

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 **William H. Land** **William H. Land** **4/30/03**  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PORTERR, CHARLES</b> <b>1116 WILLOWOOD CIRCLE</b> <b>GULF BREEZE FL 32563</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BURR, TIM</b> <b>208 PINETREE DR</b> <b>GULF BREEZE FL 32561</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LITTLE, WILLIAM</b> <b>3841 HILLSING AVENUE</b> <b>GULF BREEZE FL 32563</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>PURDON, DAVID</b> <b>1387 CALCUTTA DR</b> <b>GULF BREEZE FL 32563</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHARP, RANDY</b> <b>1634 KALAKAUA CT</b> <b>GULF BREEZE FL 32563</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SEAGER, FRED</b> <b>1140 WILDWOOD CIRCLE</b> <b>GULF BREEZE FL 32563</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Fred Seager</b> <b>1140 Willowood Circle</b> <b>Gulf Breeze, FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V. P.</b> <b>Fred Shirley</b> <b>2965 Rosa Del Villa</b> <b>Gulf Breeze, FL 32563</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secy Treasurer</b> <b>William H. Land</b> <b>2223 Inverness Dr</b> <b>Pensacola, FL 32503</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Robert Davies</b> <b>3039 Ranchette Sq.</b> <b>Gulf Breeze, FL 32561</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Pete Frederovich</b> <b>212 Azalea St.</b> <b>Gulf Breeze, FL 32561</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Nevin Shaffer</b> <b>110 Middle Plantation Cir</b> <b>Gulf Breeze, FL 32561</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 a address, with all other like empowered.

SIGNATURE: **William H. Land** **4/30/03** **850 916-5100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)