

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27446

1. Entity Name

THE EDISON OPTIMIST CLUB OF FORT MYERS, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90036 030 \*\*\*\*61.25

Principal Place of Business

Mailing Address

6371-4 PRESIDENTIAL CT  
 FORT MYERS FL 33919

1470 XAVIER AVENUE  
 FT. MYERS FL 33919-5033  
 US

2. Principal Place of Business

1470 Xavier Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

4. FEI Number

65-0075690

Applied For

Not Applicable

Zip

33919

Country

USA

Zip

Country

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

MATTINGLY, BILL  
 1470 XAVIER AVENUE  
 FT. MYERS FL 33919

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 **P**  Delete  
 NAME **HENDERSON, ROBERT**  
 STREET ADDRESS **16150 BAY POINTE BLVD NE B-307**  
 CITY-ST-ZIP **NORTH FT MYERS FL 33917**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP**  Delete  
 NAME **DODSON, JIM**  
 STREET ADDRESS **618 SE 20TH ST**  
 CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **MATTINGLY, BILL**  
 STREET ADDRESS **1470 XAVIER AVENUE**  
 CITY-ST-ZIP **FT. MYERS FL 33919**

TITLE **S/T**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **SWISHER, TOM**  
 STREET ADDRESS **4560 VIA ROYALE STE 1**  
 CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **STEWART, ROBERT D**  
 STREET ADDRESS **2040 VIRGINIA AVE.**  
 CITY-ST-ZIP **FT. MYERS FL 33901**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP President**  Delete  
 NAME **GIBSON, JIM**  
 STREET ADDRESS **1308 SE 31ST ST**  
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **P**  Change  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: Bill A. Mattingly  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00 991/579-1388  
 Date Daytime Phone #

CR2E037 (9/99)