

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

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90078 002 \*\*\*\*61.25

**DOCUMENT # N27446**



1. Entity Name  
**THE EDISON OPTIMIST CLUB OF FORT MYERS, INC.**

Principal Place of Business  
**1470 XAVIER AVE  
FORT MYERS FL 33919**

Mailing Address  
**1470 XAVIER AVENUE  
FT. MYERS FL 33919  
US**

33000000



CHECK HERE IF MAKING CHANGES

|                                |         |                     |         |   |  |                                       |  |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>65-0075690</b>                           |  | Applied For                           |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | Not Applicable                        |  |
| Zip                            | Country | Zip                 | Country |   |  |                                       |  |

|  |  |  |  |  |  |          |  |
|--|--|--|--|--|--|----------|--|
| 6. Name and Address of Current Registered Agent                      |  |  |  | 7. Name and Address of New Registered Agent        |  |          |  |
| <b>MATTINGLY, BILL<br/>1470 XAVIER AVENUE<br/>FT. MYERS FL 33919</b> |  |  |  | Name   |  |          |  |
|  |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |          |  |
|  |  |  |  | City   |  |          |  |
|  |  |  |  | <b>FL</b>  |  | 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 |                              |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                             |  |
|----------------------------|------------------------------|--|---|-----------------------------|--|
| TITLE                      | <b>ST, D</b>                 | <input type="checkbox"/> Delete            | TITLE   |                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>MATTINGLY, BILL</b>       |  | NAME  | <i>Bill Mattingly</i>       |  |
| STREET ADDRESS             | <b>1470 XAVIER AVENUE</b>    |  | STREET ADDRESS  | <i>1411 S. Grove Ave</i>    |  |
| CITY-ST-ZIP                | <b>FT. MYERS FL 33919</b>    |  | CITY-ST-ZIP   | <i>Fort Myers, FL 33919</i> |  |
| TITLE                      | <b>D</b>                     | <input type="checkbox"/> Delete            | TITLE   |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>SWISHER, TOM</b>          |  | NAME  |                             |  |
| STREET ADDRESS             | <b>4560 VIA ROYALE STE 1</b> |  | STREET ADDRESS  |                             |  |
| CITY-ST-ZIP                | <b>FORT MYERS FL 33919</b>   |  | CITY-ST-ZIP   |                             |  |
| TITLE                      | <b>D</b>                     | <input checked="" type="checkbox"/> Delete | TITLE   |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>STEWART, ROBERT D</b>     |  | NAME  |                             |  |
| STREET ADDRESS             | <b>2040 VIRGINIA AVE.</b>    |  | STREET ADDRESS  |                             |  |
| CITY-ST-ZIP                | <b>FT. MYERS FL 33901</b>    |  | CITY-ST-ZIP   |                             |  |
| TITLE                      | <b>P</b>                     | <input checked="" type="checkbox"/> Delete | TITLE   |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>GIBSON, JIM</b>           |  | NAME  |                             |  |
| STREET ADDRESS             | <b>1308 SE 31ST ST</b>       |  | STREET ADDRESS  |                             |  |
| CITY-ST-ZIP                | <b>CAPE CORAL FL 33904</b>   |  | CITY-ST-ZIP   |                             |  |
| TITLE                      |                              | <input type="checkbox"/> Delete            | TITLE   |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                              |  | NAME  |                             |  |
| STREET ADDRESS             |                              |  | STREET ADDRESS  |                             |  |
| CITY-ST-ZIP                |                              |  | CITY-ST-ZIP   |                             |  |
| TITLE                      |                              | <input type="checkbox"/> Delete            | TITLE   |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                              |  | NAME  |                             |  |
| STREET ADDRESS             |                              |  | STREET ADDRESS  |                             |  |
| CITY-ST-ZIP                |                              |  | CITY-ST-ZIP   |                             |  |

CR2E037 (10/02)

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/9/03* *239/549-1388*  
Date Daytime Phone #