

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 91325 043 \*\*\*\*61.25

**DOCUMENT # N46932**

1. Entity Name

**OPTIMIST CLUB OF WEST PALM BEACH, INC.**

Principal Place of Business

Mailing Address

POB 2243  
 W PALM BEACH FL 33402-2243

POB 2243  
 W PALM BEACH FL 33402-2243

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

**59-6139128**

Applied For

Not Applicable

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

**TOMLINSON, ALLEN R.**  
**505 S FLAGLER DR**  
**STE 1100**  
**W PALM BEACH FL 33402**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, DAVID J</b>	NAME	
STREET ADDRESS	<b>222 RIDGEVIEW DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TUNIS, T B</b>	NAME	
STREET ADDRESS	<b>8520 DOVERBROOK DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BCH GDNS FL</b>	CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TICKNER, RICHARD</b>	NAME	
STREET ADDRESS	<b>2408 AVENIDA MADRID OSTE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33415</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWARD-SMITH, JOHN G</b>	NAME	
STREET ADDRESS	<b>350 VALLEY FORGE RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOMLINSON, ALLEN R</b>	NAME	
STREET ADDRESS	<b>505 S FLAGLER DR, #1100</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>W PALM BCH FL</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	

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:

*T. B. Tunis*

*T. Bradley Tunis*

*2/19/01*

*561 968-7166*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)