

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91061 021 ****61.25

DOCUMENT # N46932

1. Entity Name

OPTIMIST CLUB OF WEST PALM BEACH, INC.



Principal Place of Business

**POB 2243
W PALM BEACH FL 33402-2243**

Mailing Address

**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

4. FEI Number **59-6139128**

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

**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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input 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 empowered.

SIGNATURE: *T. B. Tunis* **TUNIS** **REQUIRE** **TUNIS** **2-12-03** **561968-7166**

CR2E037 (10/02)