

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000002652**

1. Entity Name  
 THE OPTIMIST CLUB FOUNDATION OF SANIBEL CAPTIVA, INC.

Principal Place of Business 1067 SANDCASTLE ROAD  SANIBEL ISLAND FL 33957	Mailing Address POST OFFICE BOX 1370  SANIBEL ISLAND FL 33957
--	--

2. Principal Place of Business POST OFFICE BOX 1370	3. Mailing Address
--	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State SANIBEL ISLAND FL	City & State
-----------------------------------	--------------

Zip 33957	Country	Zip	Country
--------------	---------	-----	---------

4. FEI Number <b>65-0862589</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

BASHER JOHN  
 1067 SANDCASTLE ROAD  
  
 SANIBEL ISLAND FL 33957

**7. Name and Address of New Registered Agent**

Name  
**MCCURRY RICHARD P**  
 Street Address (P.O. Box Number is Not Acceptable)  
 P.O. BOX 1370  
  
 City  
 SANIBEL FL Zip Code  
 33957

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 **RICHARD P. MCCURRY** 03/12/2001  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THEISS NOLA 1360 JAMAICA DRIVE SANIBEL ISLAND FL 33957 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JURA ROBERT 223 PALM LAKE ROAD SANIBEL ISLAND FL 33957 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS JACQUE 1098 SAND CASTLE RD SANIBEL ISLAND FL 33957 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASHER JOHN 1067 SAND CASTLE RD SANIBEL FL 33957 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNASKY LINDA 232 ROBINWOOD CIRCLE SANIBEL ISLAND FL 33957 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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)(f), 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:** Richard P. McCurry SEC 03/12/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)