

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90025 010 \*\*\*\*61.25

**DOCUMENT # N98000002978**

1. Entity Name

**OPTIMIST CLUB OF SANIBEL CAPTIVA, INC.**

Principal Place of Business

1067 SANDCASTLE ROAD  
 SANIBEL ISLAND FL 33957

Mailing Address

1067 SANDCASTLE ROAD  
 SANIBEL ISLAND FL 33957-3614

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

**65-0862587**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$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

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  Delete  
 NAME **TURANSKY, JOHN**  
 STREET ADDRESS **232 ROBINWOOD CIRCLE**  
 CITY-ST-ZIP **SANIBEL ISLAND FL 33957**

TITLE  Change  Addition  
 NAME **VP RANDY CARSON**  
 STREET ADDRESS **748 MAHOGANY WAY**  
 CITY-ST-ZIP **SANIBEL ISLAND FL**

TITLE  Delete  
 NAME **MCCURY, RICHARD**  
 STREET ADDRESS **P.O. BOX 229**  
 CITY-ST-ZIP **SANIBEL ISLAND FL 33957**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **ST BASHER, JOHN**  
 STREET ADDRESS **1067 SANDCASTLE ROAD**  
 CITY-ST-ZIP **SANIBEL ISLAND FL 33957**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **ARONOFF, MARK**  
 STREET ADDRESS **9401 BEVERLY LANE**  
 CITY-ST-ZIP **SANIBEL ISLAND FL 33957**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D OWENS, JACQUE**  
 STREET ADDRESS **1098 SAND CASTLE RD**  
 CITY-ST-ZIP **SANIBEL FL 33957**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D THEISS, NOLA**  
 STREET ADDRESS **1360 JAMAICA DRIVE**  
 CITY-ST-ZIP **SANIBEL FL 33957**

TITLE  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:

*John Basher*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2000

914 395 0739

Date

Daytime Phone #

CR2E037 (9/99)