

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90173 022 \*\*\*\*61.25

**DOCUMENT # N98000002978**

1. Entity Name

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

Principal Place of Business

Mailing Address

P O BOX 1370  
 SANIBEL ISLAND FL 33957  
 US

P O BOX 1370  
 SANIBEL ISLAND FL 33957  
 US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THEISS, NOLA**  
**1360 JAMAICA DR**  
**SANIBEL ISLAND FL 33957**

Name **John Basher**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1067 Sandcastle Rd.**  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **John Basher, President Elect**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**8/1/02**

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

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

TITLE **D/S-T** ☐ Change ☒ Addition  
 NAME **Davies, Lauren**  
 STREET ADDRESS **1597 Sandcastle Rd.**  
 CITY-ST-ZIP **Sanibel, FL 33957**

TITLE **ST** ☐ Delete  
 NAME **MCCURRY, RICHARD P**  
 STREET ADDRESS **P.O. BOX 229**  
 CITY-ST-ZIP **SANIBEL FL 33957-0229**

TITLE **D** ☒ Change ☐ Addition  
 NAME **mccurry, Richard P.**  
 STREET ADDRESS **P.O. Box 229**  
 CITY-ST-ZIP **Sanibel, FL 33957**

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

TITLE **D/VP** ☒ Change ☐ Addition  
 NAME **Basher, John**  
 STREET ADDRESS **1067 Sandcastle Rd.**  
 CITY-ST-ZIP **Sanibel, FL 33957**

TITLE **P** ☐ Delete  
 NAME **CARSON, RANDALL W**  
 STREET ADDRESS **748 MAHOGANY WAY**  
 CITY-ST-ZIP **SANIBEL ISLAND FL 33957**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **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

**Lauren Davies**

**8/1/02 239-472-2492**

CR2E037 (4/02)



Attachment  
41596

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

April 23, 2002

OPTIMIST CLUB OF SANIBEL CAPTIVA, INC.  
P O BOX 1370  
SANIBEL ISLAND, FL 33957 US

Subject: OPTIMIST CLUB OF SANIBEL CAPTIVA, INC.

Reference Number: N98000002978

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/ML  
ANNUAL REPORTS SECTION