


# 2004 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED  
04 JAN -2 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |
|---|---|
| DOCUMENT # 705002<br>1. Entity Name<br>The North Dade Optimist Club, Inc. |  |
|---|---|

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 2. Principal Place of Business<br>19455 NW 12th Avenue<br>Suite, Apt. #, etc. | 3. Mailing Address<br>P.O. Box 3361<br>Suite, Apt. #, etc.<br>Norland Branch |
| City & State<br>Miami, Florida  | City & State<br>Miami, Florida   |
| Zip<br>33169  | Country<br>USA   |
| Zip<br>33269  | Country<br>USA   |

DO NOT WRITE IN THIS SPACE

|  |   |
|--|---|
| 4. FEI Number<br>59-6152797  | Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required                                    |

|                                   |  |                   |
|-----------------------------------|--|-------------------|
| <b>DO NOT WRITE IN THIS SPACE</b> | 7. Name and Address of Current Registered Agent    |                   |
|                                   | Name Ozie Hinton                                   |                   |
|                                   | Street Address (P.O. Box Number is Not Acceptable) |                   |
|                                   | 20611 NW 15th Avenue                               |                   |
|                                   | City Miami   | FL Zip Code 33169 |

|   |  |          |
|---|--|----------|
| 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    | Ozie Hinton - Registered Agent/President | 12/16/03 |

|  |   |                                |  |
|--|---|--------------------------------|--|
| FEE IS \$61.25<br>Initial or Amended UBR | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | Make Check Payable to<br>Florida Department of State |
|--|---|--------------------------------|--|

| 10. OFFICERS AND DIRECTORS                         |   |  |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P/D - Hinton, Ozie<br>P.O. Box 693120 - Norland Branch<br>Miami, FL 33269 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | 300025867633<br>12/31/03--01011--008 **70.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP/D - Law, Dennis<br>15 NE 123rd Terrace<br>Miami, FL 33161              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP/D - McCormick, Pamela<br>1100 NW 202nd Street<br>Miami, FL 33169       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DO NOT WRITE IN THIS SPACE</b>            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | T/D - Kingcade, Carl<br>17455 SW 33rd Court<br>Miramar, FL 33029-2607     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S/D - Perry, Monica<br>2161 NW 97th Street<br>Miami, FL 33147             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>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 on an attachment with an address, with all other like empowered.

|  |                        |          |                 |
|--|------------------------|----------|-----------------|
| SIGNATURE:  | Ozie Hinton, President | 12/17/03 | (305) 318-1216  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                             |                        | Date     | Daytime Phone # |

CR2E037B (12/02)