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

DOCUMENT # N9800001662

1. Entity Name

HOLIDAY PARK OPTIMIST CLUB, INC.



FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90211 043 ****61.25

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Principal Place of Business P.O. BOX 4704 FORT LAUDERDALE FL 33338		Mailing Address P.O. BOX 4704 FORT LAUDERDALE FI	. 33338							-
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2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt.	#, etc	Suite, Apt. #_etc-	العرب المستحد	-		CHECK HERE	F:MAKING:0	HANGES	· · · · · · · · · · · · · · · · · · ·	
City & State		City & State	City & State		4. FEI Number 91-1938996				Applied For	
Zip Country		Zip	Country		5 C-365-146	Name Basical	\$	No. 8.75 Add	t Applicable	1
					5. Certificate of S		Ŭ É	e Require]
	6. Name and Address of C	urrent Registered Agent	Nar	me	7. Name and Ad	dress of New R	egistered Ag	ent		┨
FAUST, F					P.O. Box Number is	Not Acceptable)			-
4814 S.W. 28TH TERRACE FORT LAUDERDALE FL 33312				Street Address (P.O. Box Number is Not Acceptable)						1
			City	1			FL	Zip Code		{
8. The above	named entity submits this state	ment for the purpose of changing	g its registered offic	ce or register	ed agent, or both, in	the State of Flo		l niliar with, :	and accept	1
the obligat	ions of registered agent.									
SIGNATURE .	Signature, typed or printed name of register	ed agent and title if applicable.	(NOTE: Registered Agent	signature required	when reinstating)		DATE			
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			<u> </u>						_	ļ
	FILE NOW: FEE IS \$61.2	3	Campaign Financi nd Contribution.	ing	\$5.00 May Be Added to Fees		ke Check I la Departn			
		Trust Fu	nd Contribution.		Added to Fees	Florid	a Departn	nent of S	tate	
10.	OFFICERS A	Trust Fu	nd Contribution.			Florid	a Departn	ctors in	tate 10	(2)
		Trust Fu	nd Contribution.		Added to Fees	Florid	a Departn	nent of S	tate	10/02)
10. TITLE NAME STREET ADDRESS	OFFICERS A PD MOORE, MICHAEL L 4525 N.E. 21 AVE. #2	ND DIRECTORS	11. TITLE NAME STREET ADDR	ESS	Added to Fees	Florid	a Departn	ctors in	tate 10	37 (10/02)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A PD MOORE, MICHAEL L 4525 N.E. 21 AVE. #2 FT. LAUDERDALE FL 33300	Trust Fu	11. TITLE NAME STREET ADDR CITY-ST-ZIP	ESS	Added to Fees	Florid	a Departn	CTORS IN Change	10 Addition	2E037 (10/02)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A PD MOORE, MICHAEL L 4525 N.E. 21 AVE. #2 FT. LAUDERDALE FL 33300 VD	ND DIRECTORS	11. TITLE NAME STREET ADDR CITY-ST-ZIP	ESS	Added to Fees	Florid	a Departn	ctors in	tate 10	CR2E037 (10/02)
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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:

2-3-03