

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704575

1. Entity Name

THE OPTIMIST CLUB OF PANAMA CITY, INC.

FILED

Apr 12, 2000 8:00 am  
Secretary of State

04-12-2000 90192 018 \*\*\*\*61.25

Principal Place of Business 3340 ROBINSON BAYOU CIRCLE P.O. BOX 15295 PANAMA CITY FL 32406	Mailing Address 3340 ROBINSON BAYOU CIRCLE P.O. BOX 15295 PANAMA CITY FL 32406-5295
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-6138414	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent RATHBURN, CARLISLE 3340 ROBINSON BAYOU CIRCLE PANAMA CITY FL 32405	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD STRANGE, HERBERT 4614 N. LAKEWOOD DR PANAMA CITY FL 32404 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SUTTER, FREDERICK P 965 ROSEMONT DR. PANAMA CITY FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, JOYCE 17642 FRONT BCH RD. PANAMA CITY BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KURTZROCK, HARRY R 7088 HUGH DR PANAMA CITY FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RATHBURN, CARLISLE 3340 ROBINSON BAYOU CIRCLE PANAMA CITY FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HERBERT, HINSON 1208 STEPHEN DR PANAMA CITY FL <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAM E. MOREL JR 1400 MASSACHUSETTS AV LYNN HAVEN FL 32444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HERBERT S. STRANGE 333 SPRING ST. PANAMA CITY FL 32401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES H DAY 2238 BALDWIN RD, EAST PANAMA CITY, FL 32405 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAROL L. BOLL 2100 W. BEACH DR PANAMA CITY FL 32401 <input checked="" 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)(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: CARLISLE R. RATHBURN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 7, 2000 850-785-0584  
Date Daytime Phone #

CR2E037 (9/99)