

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704575

1. Entity Name

THE OPTIMIST CLUB OF PANAMA CITY, INC.

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91505 024 \*\*\*\*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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6138414

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RATHBURN, CARLISLE  
3340 ROBINSON BAYOU CIRCLE  
PANAMA CITY FL 32405

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 PD ☐ Delete  
NAME MOREL, WILLIAM E JR  
STREET ADDRESS 1400 MASSACHUSETTS AVE  
CITY-ST-ZIP LYNN HAVEN FL 32444

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

TITLE D ☒ Delete  
NAME STRANGE, HERBERT E  
STREET ADDRESS 333 SPRING ST  
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE VP ☒ Change ☐ Addition  
NAME R SHAUD, ROBERT S.  
STREET ADDRESS 1524 KRAFT AVE  
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE D ☐ Delete  
NAME WALKER, JOYCE  
STREET ADDRESS 17642 FRONT BCH RD.  
CITY-ST-ZIP PANAMA CITY FL 32413

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

TITLE D ☐ Delete  
NAME DAY, JAMES H  
STREET ADDRESS 3033 S HWY 77, SUITE E  
CITY-ST-ZIP LYNN HAVEN FL 32444

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

TITLE STD ☐ Delete  
NAME RATHBURN, CARLISLE  
STREET ADDRESS 3340 ROBINSON BAYOU CIRCLE  
CITY-ST-ZIP PANAMA CITY FL 32405

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

TITLE D ☒ Delete  
NAME BELL, CAROL L  
STREET ADDRESS 2100 W BEACH DR  
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE D ☒ Change ☐ Addition  
NAME S CHAEFER, JEAN  
STREET ADDRESS 803 W PIERSON DR  
CITY-ST-ZIP LYNN HAVEN FL 32444

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:

*Signature of Carlisle Rathburn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02  
Date

850-785-0584  
Daytime Phone #

CR2E037 (9/01)