

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90178 038 ****61.25

DOCUMENT # 704646

1. Entity Name

OPTIMIST INTERNATIONAL MACFARLANE INC.



Principal Place of Business

**2931 MAIN STREET
TAMPA FL 33607
US**

Mailing Address

**1317 ZELLWOOD DRIVE
BRANDON FL 33511
US**

90020444



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6168859**

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

**MORGADO, AMALIA
3915 FOUNTAINBLEAU DRIVE
TAMPA FL 33634**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	MORGADO, AMILIA	3915 FOUNTAINBLEAU DRIVE	TAMPA FL 33634				
V	ARCURI, NICK	1317 ZELLWOOD DRIVE	BRANDON FL 33511				
T	CLUKEY, LLOYD E.	8516 CLAONIA STREET	TAMPA FL				
D	GARCIA, TONY	2121 IVY STREET	TAMPA FL 33607				
D	PULEO, PETE	2702 W. BIRD ST.	TAMPA FL				
S	ARCURI, LILLIAN	1317 ZELLWOOD DR	TAMPA FL 33511				

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: *Amalia Morgado* **REQUIRED President 2-9-03**

CR2E037 (10/02)