# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 FEB 10 PM 2:07

DOCUMENT # 705122 (0)

1. Corporation Name
THE BREAKFAST OPTIMIST CLUB OF DOWNTOWN TAMPA, F LORIDA, INCORPORATED

| Principal Place of Business | Mailing Address |
|---|---|
| % LAWRENCE SIEGEL<br>8714 HIGHLAND AVE.<br>TAMPA FL 33604 | % LAWRENCE SIEGEL<br>8714 HIGHLAND AVE.<br>TAMPA FL 33604 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/29/1963
3a. Date of Last Report: 04/06/1994
4. FEI Number: 58-6168856 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip / 25 Country | 29 Zip / 30 Country |

9. Name and Address of Current Registered Agent

SIEGEL, LAWRENCE
8714 HIGHLAND AVE.
TAMPA FL 33604

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 1.1 TITLE | D. ☒ Change ☐ Addition |
| NAME | ERNST, PAT | 1.2 NAME | THOMAS H. REID |
| STREET ADDRESS | 5105 ZION ST | 1.3 STREET ADDRESS | P.O.BOX 18092 |
| CITY-ST-ZIP | TAMPA FL | 1.4 CITY-ST-ZIP | TAMPA, FL 33679-8092 |
| TITLE | V | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | WEIDLER, RONALD W. | 2.2 NAME | |
| STREET ADDRESS | 3705 KENSINGTON AVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 2.4 CITY-ST-ZIP | |
| TITLE | ST | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | SIEGEL, LAWRENCE | 3.2 NAME | |
| STREET ADDRESS | 8714 HIGHLAND AVE. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | DAVIS, IRENE | 4.2 NAME | |
| STREET ADDRESS | 8001 N DALE MABRY #401B | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | ULRICH, HERMAN | 5.2 NAME | |
| STREET ADDRESS | 111 N BREVARD ST | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | REID, THOMAS, H | 6.2 NAME | |
| STREET ADDRESS | 4438 WYOMING AVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lawrence Siegel FEBRUARY 2, 1995 (813) 933-1929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LAWRENCE SIEGEL

0053604