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**Secretary of State**

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 705122**

1. Corporation Name

**THE BREAKFAST OPTIMIST CLUB OF DOWNTOWN TAMPA, FLORIDA, INCORPORATED**

Principal Place of Business

% LAWRENCE SIEGEL  
8714 HIGHLAND AVE.  
TAMPA FL 33604

Mailing Address

% LAWRENCE SIEGEL  
8714 HIGHLAND AVE.  
TAMPA FL 33604



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/29/1963

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

9. Name and Address of Current Registered Agent

SIEGEL, LAWRENCE  
8714 HIGHLAND AVE.  
TAMPA FL 33604

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME ERNST, PAT  
STREET ADDRESS 5105 ZION ST  
CITY-ST-ZIP TAMPA FL

TITLE VP  
NAME SIEGEL, MARY A  
STREET ADDRESS 8714 N HIGHLAND AVE  
CITY-ST-ZIP TAMPA FL 33604

TITLE ST  
NAME SIEGEL, LAWRENCE  
STREET ADDRESS 8714 HIGHLAND AVE.  
CITY-ST-ZIP TAMPA FL

TITLE D  
NAME DAVIS, IRENE  
STREET ADDRESS 8001 N DALE MABRY #401B  
CITY-ST-ZIP TAMPA FL

TITLE D  
NAME ULRICH, HERMAN  
STREET ADDRESS 111 N BREVARD ST  
CITY-ST-ZIP TAMPA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME SIEGEL, LAWRENCE  
1.3 STREET ADDRESS 8714 N. HIGHLAND AVE.  
1.4 CITY-ST-ZIP TAMPA, FL 33604

2.1 TITLE VP  
2.2 NAME ERNST, PAT  
2.3 STREET ADDRESS 5105 ZION ST.  
2.4 CITY-ST-ZIP TAMPA, FL 33611

3.1 TITLE ST  
3.2 NAME SIEGEL, MARY A.  
3.3 STREET ADDRESS 8714 N. HIGHLAND AVE.  
3.4 CITY-ST-ZIP TAMPA, FL 33604

4.1 TITLE D  
4.2 NAME REID, THOMAS H.  
4.3 STREET ADDRESS P.O. BOX 273056  
4.4 CITY-ST-ZIP TAMPA, FL 33688-3056

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

LAWRENCE SIEGEL

SIGNATURE REQUIRED

813-980-6966  
01/07/99 813-933-1929

Date

Daytime Phone #

CR2E037 (1/98)