

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705122

1. Entity Name

THE BREAKFAST OPTIMIST CLUB OF DOWNTOWN TAMPA, F

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90091 035 ****61.25

Principal Place of Business

Mailing Address

% LAWRENCE SIEGEL
8714 HIGHLAND AVE.
TAMPA FL 33604

% LAWRENCE SIEGEL
8714 HIGHLAND AVE.
TAMPA FL 33604-1333

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-6168856

Applied For

☒ Not Applicable

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

SIEGEL, LAWRENCE
8714 HIGHLAND AVE.
TAMPA FL 33604

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 VP
NAME ERNST, PAT
STREET ADDRESS 5105 ZION ST.
CITY-ST-ZIP TAMPA FL 33611 ☐ Delete

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

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

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

TITLE P
NAME SIEGEL, LAWRENCE
STREET ADDRESS 8714 HIGHLAND AVE.
CITY-ST-ZIP TAMPA FL 33604 ☐ Delete

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

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

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

TITLE D
NAME REID, THOMAS H
STREET ADDRESS P.O. BOX 273058
CITY-ST-ZIP TAMPA FL 33688 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Lawrence Siegel **SIGNATURE REQUIRED** LAWRENCE SIEGEL 01/10/2000 813-980-6966 813-933-1929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)