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

1/14/

FILED
Feb 10, 2003 8:00 am
Secretary of State

01-14-2003 90073 029 ****61.25

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DOCUMENT # 705122

1. Entity Name

THE BREAKFAST OPTIMIST CLUB OF DOWNTOWN TAMPA, F LORIDA, INCORPORATED

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
% LAWRENCE SIEGEL 8714 HIGHLAND AVE. TAMPA FL 33604	% LAWRENCE SIEGEL 8714 HIGHLAND AVE. TAMPA FL 33604

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 **NOT APPLICABLE** — 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. 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	VP ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	ERNST, PAT	NAME	ALLISON J. COTLER
STREET ADDRESS	5105 ZION ST.	STREET ADDRESS	502 FREMONT AVE #1418
CITY-ST-ZIP	TAMPA FL 33611	CITY-ST-ZIP	TAMPA, FL 33606
TITLE	ST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SIEGEL, MARY A	NAME	
STREET ADDRESS	8714 N HIGHLAND AVE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33604	CITY-ST-ZIP	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SIEGEL, LAWRENCE	NAME	
STREET ADDRESS	8714 HIGHLAND AVE.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33604	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	DAVIS, IRENE	NAME	
STREET ADDRESS	8001 N DALE MABRY #401B	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	REID, THOMAS H	NAME	
STREET ADDRESS	P.O. BOX 273056	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33688	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ALLISON JOY COTLER	NAME	
STREET ADDRESS	502 FREMONT AVE. # 1418	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 REQUIRED LAWRENCE SIEGEL 01/10/03 (813) 933-1929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/02)