

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707067

1. Entity Name

OPTIMIST CLUB OF OCALA, INC.

Principal Place of Business

322 S.E. 31ST TERRACE
OCALA FL 34471-2821
US

Mailing Address

322 S.E. 31ST TERRACE
OCALA FL 34471-2821
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROOKS, S B
322 S.E. 31ST TERRACE
OCALA FL 34471-2821

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

S.B. Brooks

February 7, 2002

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 P
NAME DEAL, LEE
STREET ADDRESS 8761 S.W. 54TH PLACE
CITY-ST-ZIP OCALA FL 34474 ☐ Delete

TITLE PVP
NAME S. B. Brooks
STREET ADDRESS 322 S. E. 31st Terrace
CITY-ST-ZIP Ocala, Fl. 34471-2821 ☐ Change ☐ Addition

TITLE VP
NAME MORENO, ORLANDO
STREET ADDRESS 3801 S.E. 21ST PLACE
CITY-ST-ZIP OCALA FL 34471 ☐ Delete

TITLE D
NAME Wayne Avalon
STREET ADDRESS 1228 N. E. 26th Avenue
CITY-ST-ZIP Ocala, Fl: 34471 ☐ Change ☐ Addition

TITLE ST
NAME DIXON, CHARLES T SR
STREET ADDRESS 1701 S.E. 24TH ST ROAD., #1803
CITY-ST-ZIP OCALA FL 34471 ☐ Delete

TITLE D
NAME Rochelle Zahn
STREET ADDRESS 1701 S. E. 24th Rd #1401
CITY-ST-ZIP Ocala, Fl. 34471 ☐ Change ☐ Addition

TITLE D
NAME TWEEDY, ALBERT
STREET ADDRESS 707 S.W. 75TH ST., #109
CITY-ST-ZIP GAINESVILLE FL 32607 ☐ Delete

TITLE D
NAME Bonnie Moreno
STREET ADDRESS 3801 S. E. 21st Place
CITY-ST-ZIP Ocala, Fl. 34471 ☐ Change ☐ Addition

TITLE D
NAME DIXON, MARY
STREET ADDRESS 1701 S.E. 21ST STREET ROAD., APT 1803
CITY-ST-ZIP OCALA FL 34471 ☐ Delete

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

TITLE D
NAME YONGUE, GWEN
STREET ADDRESS 10040 N.E. 23RD COURT
CITY-ST-ZIP ANTHONY FL 32617 ☐ 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:

CHARLES T DIXON SR

February 7, 2002 352-401-9317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)