

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708064

1. Entity Name

THE OPTIMIST CLUB OF RIVERSIDE, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90019 035 ****61.25

Principal Place of Business

1666 WESTMINSTER AVENUE
JACKSONVILLE FL 32210
US

Mailing Address

1666 WESTMINSTER AVENUE
JACKSONVILLE FL 32210-1255
US

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

59-3119087

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

CURTIS, DON T.
1666 WESTMINSTER AVENUE
JACKSONVILLE FL 32210

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ELDER, LEEANN	
STREET ADDRESS	10134 LIPSON DR	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASSAF, ALI Y.	
STREET ADDRESS	1605 WOODMERE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TYLER, RADONNA	
STREET ADDRESS	11947 LONGWOOD CT	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CURTIS, DON T.	
STREET ADDRESS	1666 WESTMINSTER AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DOLES, RENEE	
STREET ADDRESS	1647 MOUNT VERNON DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CHAPMAN, RUSS	
STREET ADDRESS	5931 BUCKLEY DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD SAM TYLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	11947 LONGWOOD CT.	
STREET ADDRESS	JACKSONVILLE, FL. 32220	
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD DON DRINKWATER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1783 OLEANDER PL.	
STREET ADDRESS	JACKSONVILLE, FL. 32210	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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]* DON T. CURTIS
SECRETARY

4/30/00

904-786-6599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)