

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90393 007 *****61.25

0011716

DOCUMENT # 708064

1. Entity Name

THE OPTIMIST CLUB OF RIVERSIDE, INC.

Principal Place of Business

1666 WESTMINISTER AVENUE
 JACKSONVILLE FL 32210
 US

Mailing Address

1666 WESTMINISTER AVENUE
 JACKSONVILLE FL 32210
 US

2. Principal Place of Business

11947 Longwood Ct.
 Suite, Apt. #, etc.

3. Mailing Address

11947 Longwood Ct.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jax., FL.

City & State

Jax., FL.

4. FEI Number

59-3119087

Applied For

Not Applicable

Zip

32220

Country

Zip

32220

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

CURTIS, DON T.
 1666 WESTMINISTER AVENUE
 JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name Radonna C. Tyler

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

11947 Longwood Ct.

Jax., FL.

City

FL

Zip Code

32220

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 Radonna C. Tyler sec./treasurer 3/27/01
 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
 NAME TYLER, SAM ☒ Delete
 STREET ADDRESS 11947 LONGWOOD CT
 CITY-ST-ZIP JACKSONVILLE FL 32220

TITLE VD
 NAME ASSAF, ALI Y. ☐ Delete
 STREET ADDRESS 1605 WOODMERE DRIVE
 CITY-ST-ZIP JACKSONVILLE FL

TITLE D
 NAME TYLER, RADONNA ☒ Delete
 STREET ADDRESS 11947 LONGWOOD CT
 CITY-ST-ZIP JACKSONVILLE FL 32220

TITLE SD
 NAME CURTIS, DON T. ☒ Delete
 STREET ADDRESS 1666 WESTMINISTER AVE
 CITY-ST-ZIP JACKSONVILLE FL

TITLE VD
 NAME DRINKWATER, DON ☒ Delete
 STREET ADDRESS 1783 OLEANDER PL
 CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P.D.
 NAME Don Drinkwater ☒ Change ☐ Addition
 STREET ADDRESS 1783 Oleander Pl.
 CITY-ST-ZIP Jax., FL. 32210

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

TITLE D
 NAME Russ Chapman ☒ Change ☐ Addition
 STREET ADDRESS 5931 Buckley Dr.
 CITY-ST-ZIP Jax., FL. 32244-1609

TITLE SD
 NAME Radonna Tyler ☒ Change ☐ Addition
 STREET ADDRESS 11947 Longwood Ct.
 CITY-ST-ZIP Jax., FL. 32220

TITLE VD
 NAME William Sneddon ☒ Change ☐ Addition
 STREET ADDRESS 8582 Colony Pine Cir. W.
 CITY-ST-ZIP Jax., FL. 32244

TITLE ☐ Change ☐ 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: Radonna C. Tyler 3/27/01 904-783-6229
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)