

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90017 008 ****61.25

DOCUMENT # 709472

1. Entity Name

THE OPTIMIST CLUB OF SEMINOLE, INC.

Principal Place of Business

Mailing Address

915 E OSBORNE AVE
 TAMPA FL 33603
 US

PO BOX 8123
 TAMPA FL 33674-8123
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORDIWAY, ALVIN L.
6401 RIVERBEND CIR
TAMPA FL 33610

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:
SEE 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	D	<input type="checkbox"/> Delete
NAME	ORDIWAY, ALVIN SR.	
STREET ADDRESS	6401 RIVERBEND CIR	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, REX	
STREET ADDRESS	5004 REECE RD	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ORDIWAY, ALVIN JR.	
STREET ADDRESS	6408 N. 42ND ST	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BACHTEL, DAVID	
STREET ADDRESS	4219 N SANDLEWOOD	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Mary Siegel	
STREET ADDRESS	8714 Highland AVE N.	
CITY-ST-ZIP	Tampa, FL 33604	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DMarcia Ordiway	
STREET ADDRESS	6408 E. Eugene ST	
CITY-ST-ZIP	Tampa, FL 33619	
TITLE		<input 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		<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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00

626/4362

CR2E037 (9/99)