


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

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90144 016 \*\*\*\*61.25

DOCUMENT # 709472  
1. Entity Name  
The Optimist Club of Seminole, Inc.  
6401 Riverbend Cir.  
Tampa, FL 33610



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
6401 Riverbend Cir.  
Suite, Apt. #, etc.  
City & State  
Tampa, FL.  
Zip  
33610 Country  
Hillsborough

3. Mailing Address  
6401 Riverbend Cir.  
Suite, Apt. #, etc.  
City & State  
Tampa, FL.  
Zip  
33610 Country  
Hillsborough

DO NOT WRITE IN THIS SPACE

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
ALVIN ORDWAY SR.  
Street Address (P.O. Box Number is Not Acceptable)  
6401 RIVERBEND CIR.  
City  
Tampa FL Zip Code  
33610

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 ALVIN ORDWAY SR. DATE 4/1/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR

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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ALVIN ORDWAY SR.</u> <u>6401 RIVERBEND CIR.</u> <u>Tampa, FL 33610</u> <u>A.M.</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Joe Fernandez</u> <u>PO Box 7924</u> <u>Tampa, FL 33673</u> <u>D.</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ALVIN ORDWAY JR.</u> <u>6408 N. 42nd St.</u> <u>Tampa, FL 33610</u> <u>D</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Amy Nold</u> <u>6404 Riverbend Cir.</u> <u>Tampa, FL 33610</u> <u>D.</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Virginia Ordway</u> <u>6408 Riverbend Cir.</u> <u>Tampa, FL 33610</u> <u>S.D.</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowerment.

SIGNATURE: Virginia Ordway Virginia Ordway 4/1/03 813-626-4362

CR2E037B (12/02)