

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90176 023 \*\*\*\*70.00

**DOCUMENT # 712294**

1. Entity Name

**THE OPTIMIST CLUB OF MARIANNA, FLORIDA, INC.**

Principal Place of Business

Mailing Address

2998 CALEDONIA ST.  
P.O. BOX 943  
MARIANNA FL 32447  
US

2998 CALEDONIA ST.  
P.O. BOX 943  
MARIANNA FL 32447-0943  
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

**59-6178206**

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

**SWAILS, JAMES L.**  
**2998 CALEDONIA ST.**  
**MARIANNA FL 32446**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ALMAND, WARREN	
STREET ADDRESS	4980 FLYNT DRIVE	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EVERETT, EDDIE M	
STREET ADDRESS	2841 HAWK ST	
CITY-ST-ZIP	MARIANA FL 32448	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAVIS, CHARLES W	
STREET ADDRESS	3192 FISH HATCHERY ROAD	
CITY-ST-ZIP	MARIANNA FL 32466	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GIBBS, JAMES A	
STREET ADDRESS	2633 INDIAN SPRINGS	
CITY-ST-ZIP	MARIANNA FL 32466	
TITLE	TS	<input type="checkbox"/> Delete
NAME	SWAILS, JAMES L	
STREET ADDRESS	2998 CALEDONIA ST.	
CITY-ST-ZIP	MARIANNA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WARD, RONALD G	
STREET ADDRESS	2934 SPRING CHASE LANE	
CITY-ST-ZIP	MARIANNA FL 32446	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES A Gibbs	
STREET ADDRESS	2633 INDIAN SPRINGS	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	WARD RONALD G.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD RONALD G.	
STREET ADDRESS	2934 SPRING CHASE LANE	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES T Fordue	
STREET ADDRESS	4335 80th AVE	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lowell Centers	
STREET ADDRESS	4513 Red Oak Terrace	
CITY-ST-ZIP	MARIANNA FL 32446	
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:

*James L Swails*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00 850-526-4690  
Date Daytime Phone #

CR2E037 (9/99)