

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 21, 2001 8:00 am  
Secretary of State

02-21-2001 90014 012 \*\*\*\*61.25

DOCUMENT # 712294

1. Entity Name

THE OPTIMIST CLUB OF MARIANNA, FLORIDA, INC.

Principal Place of Business

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

Mailing Address

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

*James L Swails*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-01

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 ☒ Delete  
NAME GIBBS, JAMES A  
STREET ADDRESS 2633 INDIAN SPRINGS  
CITY-ST-ZIP MARIANNA FL 32446

TITLE P ☒ Change ☐ Addition  
NAME DAVIS, Charles W Jr  
STREET ADDRESS 3192 Fish Hatcher Rd  
CITY-ST-ZIP MARIANNA FL 32446

TITLE V ☒ Delete  
NAME RONALD, WARD G  
STREET ADDRESS 2934 SPRING CHASE LANE  
CITY-ST-ZIP MARIANNA FL 32446

TITLE VP ☒ Change ☐ Addition  
NAME CLIKAS, Phillip M  
STREET ADDRESS 2940 ROSS ST  
CITY-ST-ZIP MARIANNA, FL 32446

TITLE D ☐ Delete  
NAME PERDUE, JAMES T  
STREET ADDRESS 4335 80TH AVE  
CITY-ST-ZIP MARIANNA FL 32446

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

TITLE V ☒ Delete  
NAME GIBBS, JAMES A  
STREET ADDRESS 2633 INDIAN SPRINGS  
CITY-ST-ZIP MARIANNA FL 32446

TITLE VP ☒ Change ☒ Addition  
NAME Schwenske, John H  
STREET ADDRESS 3347 Bump Nose Rd  
CITY-ST-ZIP MARIANNA, FL 32446

TITLE TS ☐ Delete  
NAME SWAILS, JAMES L.  
STREET ADDRESS 2998 CALEDONIA ST.  
CITY-ST-ZIP MARIANNA FL

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

TITLE D ☒ Delete  
NAME CONTERS, LOWELL  
STREET ADDRESS 4513 RED OAK TERRACE  
CITY-ST-ZIP MARIANNA FL 32446

TITLE D ☒ Change ☒ Addition  
NAME Hill, EDWIN G SR  
STREET ADDRESS 7336 Hwy 90  
CITY-ST-ZIP MAGRANO Ridge, FL 32442

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 *James L Swails* 1-9-01 850. 526 4690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)