

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712294

1. Entity Name

THE OPTIMIST CLUB OF MARIANNA, FLORIDA, INC.

FILED

Jan 16, 2002 8:00 am  
Secretary of State

01-16-2002 90051 034 \*\*\*\*61.25

Principal Place of Business

Mailing Address

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

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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

4. FEI Number

59-6178206

Applied For

Not Applicable

Zip

Country

Zip

Country

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 ☒ Delete  
NAME DAVIS, CHARLES W JR.  
STREET ADDRESS 3192 FISH HAYEHER ROAD  
CITY-ST-ZIP MARIANNA FL 32446

TITLE P ☐ Change ☒ Addition  
NAME Thomas L. Grainger  
STREET ADDRESS 3264 Hwy 73  
CITY-ST-ZIP MARIANNA FL 32446

TITLE VP ☐ Delete  
NAME CLIKAS, PHILLIP M  
STREET ADDRESS 2940 ROSS STREET  
CITY-ST-ZIP MARIANNA FL 32446

TITLE V.P. ☐ Change ☒ Addition  
NAME Bert K. McDonald  
STREET ADDRESS 2674 Choctaw Trl  
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 D ☐ Change ☒ Addition  
NAME Walter E. Huston  
STREET ADDRESS 2854 Magnolia Blossom Lane  
CITY-ST-ZIP MARIANNA, FL 32446

TITLE VP ☒ Delete  
NAME SCHWENCKE, JOHN H  
STREET ADDRESS 3347 BUMPNOSE RD  
CITY-ST-ZIP MARIANNA FL 32466

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

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 HILL, EDWIN G SR.  
STREET ADDRESS 7336 HWY 90  
CITY-ST-ZIP GRAND RIDGE FL 32442

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:

*James L. Swails* James L. Swails 1-9-02 850 526-4690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)