

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716143

1. Entity Name

OPTIMIST CLUB OF SUNILAND, INC.

Principal Place of Business

12855 S DIXIE HWY
P.O. BOX 560403
KENDALL FL 33156

Mailing Address

12855 S DIXIE HWY
P.O. BOX 560403
KENDALL FL 33156-6524

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

59-2289503

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GABLE, JON V
8340 SW 94 STREET
MIAMI FL 33156

7. Name and Address of New Registered Agent

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

TITLE PD
NAME ROSENBERG, ROBERT ☐ Delete
STREET ADDRESS 12700 SW 112 AVE
CITY-ST-ZIP MIAMI FL

TITLE SD
NAME ROSENBERG, HOPE ☐ Delete
STREET ADDRESS 12700 SW 112 AVE
CITY-ST-ZIP MIAMI FL 33176

TITLE T ☒ Delete
NAME SUTTON, DEBORAH
STREET ADDRESS 7320 SW 123RD TERR
CITY-ST-ZIP MIAMI FL 33156

TITLE VP ☐ Delete
NAME KRUSE, KARL
STREET ADDRESS 10245 SW 130TH LN
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition
NAME STEPHENS, SANDRA
STREET ADDRESS 8300 SW 119 ST
CITY-ST-ZIP MIAMI, FL 33156

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

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

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:

Signature of Robert Rosenberg, Pres 2/26/00 305 232-4381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C0035526



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)