

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716143

1. Entity Name

OPTIMIST CLUB OF SUNILAND, INC.

**FILED**  
**Aug 21, 2001 8:00 am**  
**Secretary of State**

08-21-2001 90006 006 \*\*\*\*61.25

Principal Place of Business

Mailing Address

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

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P.O. BOX 560403  
KENDALL FL 33156

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

7. Name and Address of New Registered Agent

GABLE, JON V  
8340 SW 94 STREET  
MIAMI FL 33156

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**  
**After September 12, 2001, min. will be \$236.25**

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

☒ Delete

TITLE  
NAME PD  
STREET ADDRESS KRUSE, KARL  
CITY-ST-ZIP 10245 SW 130th LN  
MIAMI, FL. 33156

☐ Change ☒ Addition

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

☒ Delete

TITLE  
NAME VP  
STREET ADDRESS LONNY HELD  
CITY-ST-ZIP 9001 SW 65th CT  
MIAMI, FL 33156

☐ Change ☒ Addition

TITLE  
NAME T  
STREET ADDRESS STEPHENS, SANDRA  
CITY-ST-ZIP 8300 SW 119TH ST  
MIAMI FL 33156

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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: *Sandra Stephens* REQUIRED

8/16/01 305.596.4460 xt.222

CR2E037 (5/01)