

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721679

1. Entity Name

PALMETTO OPTIMIST CLUB OF MIAMI, FLORIDA, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90158 018 ****61.25

Principal Place of Business

Mailing Address

18500 SW 97TH AVENUE
P.O. BOX 570771
MIAMI FL 33157-7025

P.O. BOX 570771
MIAMI FL 33157

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

59-6168884

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

BROWN, RICHARD M.
16225 SW 98TH CT.
MIAMI FL

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 NAME STREET ADDRESS CITY-ST-ZIP	P KNIGHT, ARTIES 10374 SOUTHWEST 208TH LANE MIAMI FL 33189	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOSS, LULA 11420 SW 196 ST MIAMI FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCRAY, ALISA 10875 SW 216 ST MIAMI FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSS, CLARENCE 11420 SW 196TH ST MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FRYER, TOM 8646 OLD CUTLER RD. MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLARD, LEVITICUS 11315 SOUTHWEST 226TH STREET MIAMI FL 33170	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WARD, SHEDDRIKA 11105 SW 200 ST #301 MIAMI, FL 33157	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WARD, DARRYL 11105 SW 200 ST #301 MIAMI, FL 33157	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:

CLARENCE MOSS 1-21-02 305256122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)