

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90071 002 ****61.25

DOCUMENT # 722690

1. Entity Name

THE OPTIMIST CLUB OF PASADENA LAKES, INC.

Principal Place of Business

Mailing Address

8815 PASADENA BLVD.
PEMBROKE PINES FL 33024

8815 PASADENA BLVD.
PEMBROKE PINES FL 33024

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

23-7173397

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

MARRERO, MAX
6631 FALCONEGATE AVE
DAVIE FL 33331

Name **RISTON CINDEE**

Street Address (P.O. Box Number is Not Acceptable)
9313 N.W. 23 ST

City **Pembroke Pines**

FL

Zip Code **33024**

*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

Cindee Riston
Signature, typed or printed name of registered agent and title if applicable.
CINDEE RISTON

President
(NOTE: Registered Agent signature required when reinstating)
President

2/11/02
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 **MARRERO, MAX**
STREET ADDRESS **6631 FALCONEGATE AVE**
CITY-ST-ZIP **DAVIE FL 33331**

TITLE **S** ☒ Delete
NAME **RISTON, CINDEE**
STREET ADDRESS **9313 NW 23 ST**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **T** ☐ Delete
NAME **PATRICK, GARY-**
STREET ADDRESS **8391 N.W. 24TH COURT**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **D** ☒ Delete
NAME **DAVIS, MARK**
STREET ADDRESS **8321 NW 17 CT**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **D** ☒ Delete
NAME **CONNARD, TOM**
STREET ADDRESS **15901 SW 51ST MANOR**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **D** ☐ Delete
NAME **SOROTA, ALAN**
STREET ADDRESS **13152 N.W. 23RD ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **P** ☒ Change ☐ Addition
NAME **CINDEE RISTON**
STREET ADDRESS **9313 N.W. 23 ST**
CITY-ST-ZIP **Pembroke Pines, FL. 33024**

TITLE **S** ☒ Change ☐ Addition
NAME **ANNA MARRERO**
STREET ADDRESS **6631 Falconegate AVE**
CITY-ST-ZIP **DAVIE, FL. 33331**

TITLE **T** ☐ Change ☒ Addition
NAME **GARY PATRICK**
STREET ADDRESS **8391 N.W. 24th Court**
CITY-ST-ZIP **Pembroke Pines, FL. 33024**

TITLE **D** ☐ Change ☒ Addition
NAME **ALAN SOROTA**
STREET ADDRESS **13152 N.W. 23 street**
CITY-ST-ZIP **Pembroke Pines, FL. 33024**

TITLE **D** ☐ Change ☒ Addition
NAME **Jim Fuchs**
STREET ADDRESS **856 NW 164 AVE**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **D** ☐ Change ☒ Addition
NAME **FRANK CESANERO**
STREET ADDRESS **5091 SW 149 AVE**
CITY-ST-ZIP **DAVIE, FL 33331**

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: *GARY PATRICK* **GARY PATRICK** *2/11/02* **(944)432-6977**

CR2E037 (9/01)