

1998-2003 UBR

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 FEB 25 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 732417

1. Entity Name

COASTAL OPTIMIST CLUB OF WAKULLA,
FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
104 COASTAL HIGHWAY

Suite, Apt. #, etc.

3. Mailing Address
ATTN: BILL VERSIGA

Suite, Apt. #, etc.
P.O. BOX 610

City & State
PANACEA, FL

City & State
CRAWFORDVILLE, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip
32346

Country
US

Zip
32326

Country
US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name WILLIAM F. VERSIGA

Street Address (P.O. Box Number is Not Acceptable)

2932 CRAWFORDVILLE HIGHWAY

City CRAWFORDVILLE

FL

Zip Code
32327

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61:25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D---WILLIAM V. VERSIGA 2932 CRAWFORDVILLE HWY. CRAWFORDVILLE, FL 32327 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D---R.H. CARTER 2932 CRAWFORDVILLE HWY. CRAWFORDVILLE, FL 32327 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D---SUSAN PAYNE TURNER 3932 CRAWFORDVILLE HWY. CRAWFORDVILLE, FL 32327 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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DO NOT WRITE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)