

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735149

1. Entity Name

OPTIMIST CLUB OF MIAMI SPRINGS, FLORIDA, INC.

Principal Place of Business

1101 WREN AVENUE  
MIAMI FL 33166

Mailing Address

1171 SWAN AVE  
MIAMI FL 33166

2. Principal Place of Business

1101 WREN AVE

3. Mailing Address

1171 SWAN AVE

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Miami, FL.

City & State

FLORIDA, Miami

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

59-6155179

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RINEHART, CLARK P  
1171 SWAN AVE  
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name CLARK RINEHART

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

1171 SWAN AVE.

City

Miami

FL

Zip Code

33166

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

Clark Rinehart

Clark Rinehart

2-07-01

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 MARTIN, ROBBIE  
STREET ADDRESS 13 S. ROYAL POINCIANA BLVD  
CITY-ST-ZIP MIAMI FL 33166 ☒ Delete

TITLE VPD  
NAME BITHORN, KARL  
STREET ADDRESS 6685 N.W. 40TH ST  
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

TITLE TD  
NAME RINEHART, CLARK P  
STREET ADDRESS 1171 SWAN AVE  
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

TITLE VPD  
NAME BAIN, BILL  
STREET ADDRESS 1067 MEADOW LARK  
CITY-ST-ZIP MIAMI FL 33166 ☒ Delete

TITLE SD  
NAME LOB, GEORGE  
STREET ADDRESS 860 PLOVER AVE  
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 ☐ 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

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:

Clark Rinehart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 15, 2001 8:00 am  
Secretary of State

02-15-2001 90038 016 \*\*\*\*\*61.25

A0023236



DO NOT WRITE IN THIS SPACE

000113

CR2E037 (10/00)

2-07-01 305  
884-3158