

8/13

**FILED**  
**Aug 26, 2002 8:00 am**  
**Secretary of State**

08-13-2002 90224 019 \*\*\*\*61.25

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735149

1. Entity Name

OPTIMIST CLUB OF MIAMI SPRINGS, FLORIDA, INC. ✓

Principal Place of Business

Mailing Address

1101 WREN AVENUE  
MIAMI FL 331661171 SWAN AVE  
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-6155179

Applied For

Not Applicable.

Zip

Country

Zip

Country

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

RINEHART, CLARK P.  
1171 SWAN AVE  
MIAMI FL 33166

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. 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

After September 13, 2002,  
 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 VPO ☐ Delete  
 NAME BITHORN, KARL  
 STREET ADDRESS 6685 N.W. 40TH ST  
 CITY-ST-ZIP MIAMI FL 33166

TITLE SECRETARY ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE VICE PRES. ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE PRESIDENT ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE James Rojas ☐ Change ☒ Addition  
 NAME TREASURER  
 STREET ADDRESS 7797 W 24 LN #107  
 CITY-ST-ZIP Hialeah FL 33014

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (4/02)