

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 08, 2001 08:00 AM****Secretary of State****DOCUMENT # 765856****1. Entity Name****OPTIMIST CLUB OF MIAMI SHORES COMMUNITY BETTERMENT FUND, INC.****Principal Place of Business****Mailing Address**

P.O. BOX 530631

P.O. BOX 530631

MIAMI SHORES
33153

US

FL

MIAMI SHORES
33153

US

FL

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**59-2261788**

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**TEEMS THOMAS E
12225 NE 11 PLMIAMI FL
33181

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 _____ **02/08/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	KENNEDY LAWRENCE JR	156 NW 90 ST.	MIAMI FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
D	TEEMS GAIL L	12225 NE 11TH PLACE	NORTH MIAMI FL 33161	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
S	TEEMS THOMAS E	12225 NE 11 PL	NORTH MIAMI FL 33161	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SD	TEEMS THOMAS E	12225 NE 11 PL NORTH MIAMI FL 33161
P	SMITH SHELDON JR	440 GRAND CONCOURSE	MIAMI FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TD	CLARK WILLIAM	1041 SOUTHWEST 95 TERRACE PEMBROKE PINES FL 33025
VP	JERRY LANCE W	246 NE 102 STREET	MIAMI SHORES FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VP	JERRY LANCE W	246 NE 102 STREET MIAMI SHORES FL 33138
D	PEREZ RAYMOND V.	180 NE 128 TERRACE	NORTH MIAMI FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P	ARONSON BUDDY	701 NORTHWEST 103 TREEACE PEMBROKE PINES FL 33026

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: BUDDY ARONSON****P****02/08/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)