

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 26, 2002 8:00 am
Secretary of State

04-01-2002 90019 023 ****61.25

DOCUMENT # 765856

1. Entity Name

OPTIMIST CLUB OF MIAMI SHORES COMMUNITY BETTERMENT FUND, INC.

Principal Place of Business

Mailing Address

P.O. BOX 530631
MIAMI SHORES FL 33153
USP.O. BOX 530631
MIAMI SHORES FL 33153
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2261788

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

TEEMS, THOMAS E
12225 NE 11 PL
MIAMI 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. 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

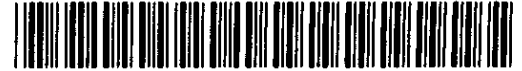
TITLE **P** ☒ Delete
NAME **ARONSON, BUDDY**
STREET ADDRESS **701 NORTHWEST 103 TREEACE**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**TITLE **PD** ☐ Change ☒ Addition
NAME **Filiatrault, Dan**
STREET ADDRESS **73 NW 98 Street**
CITY-ST-ZIP **Miami Shores, FL 33150**TITLE **VP** ☒ Delete
NAME **JERRY, LANCE W**
STREET ADDRESS **246 NE 102 STREET**
CITY-ST-ZIP **MIAMI SHORES FL 33138**TITLE **VP/D** ☐ Change ☒ Addition
NAME **Hopkins, Marie T.**
STREET ADDRESS **118 NW 94 Street**
CITY-ST-ZIP **Miami Shores, FL 33150**TITLE **TD** ☒ Delete
NAME **CLARK, WILLIAM**
STREET ADDRESS **1041 SOUTHWEST 95 TERRACE**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**TITLE **SD** ☐ Change ☒ Addition
NAME **Filiatrault, Christy**
STREET ADDRESS **73 NW 98 Street**
CITY-ST-ZIP **Miami Shores, FL 33150**TITLE **SD** ☐ Delete
NAME **TEEMS, THOMAS E**
STREET ADDRESS **12225 NE 11 PL**
CITY-ST-ZIP **NORTH MIAMI FL 33161**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Handwritten signature of Dan Filiatrault

Dan Filiatrault; President 8-15-2002 305-759-0504

42154

DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)