

# 2001 UNIFORM BUSINESS REPORT (UBR)

05-17-2001 91333 029 \*\*\*\*\*61.25  
N00000002323

0034129

DOCUMENT # N00000002323

1. Entity Name

PRINCETON RED-NARANJA OPTIMIST CLUB, INC.

Principal Place of Business

26421 S W 134TH PLACE  
NARANJA FL 33032

Mailing Address

26421 S W 134TH PLACE  
NARANJA FL 33032

2. Principal Place of Business

26421 S W 134th Place  
Suite, Apt. #, etc.

3. Mailing Address

26421 S W 134th Place  
Suite, Apt. #, etc.

City & State

Naranja, Florida

Zip

33032

Country

USA

City & State

Naranja, Florida

Zip

33032

Country

USA

4. FEI Number

52-2215248

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILSON, MARVIN D  
17368 S. DIXIE HIGHWAY  
PERRINE FL 33157

7. Name and Address of New Registered Agent

Name  
Arliz Franklin

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

26421 S.W. 134th Place  
City Naranja FL Zip Code 33032

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

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          | D                     | <input checked="" type="checkbox"/> Delete |
| NAME           | ACRUM, ANTHONY        |                                            |
| STREET ADDRESS | 26421 S W 134TH PLACE |                                            |
| CITY-ST-ZIP    | NARANJA FL 33032      |                                            |
| TITLE          | D                     | <input checked="" type="checkbox"/> Delete |
| NAME           | WILSON, MARVIN D JR.  |                                            |
| STREET ADDRESS | 26421 S W 134TH PLACE |                                            |
| CITY-ST-ZIP    | NARANJA FL 33032      |                                            |
| TITLE          | D                     | <input type="checkbox"/> Delete            |
| NAME           | GRANT-YOUNG, DONNA    |                                            |
| STREET ADDRESS | 26421 S W 134TH PLACE |                                            |
| CITY-ST-ZIP    | NARANJA FL 33032      |                                            |
| TITLE          | D                     | <input checked="" type="checkbox"/> Delete |
| NAME           | PINKERING, CINDY      |                                            |
| STREET ADDRESS | 26421 S W 134TH PLACE |                                            |
| CITY-ST-ZIP    | NARANJA FL 33032      |                                            |
| TITLE          | D                     | <input type="checkbox"/> Delete            |
| NAME           | ANTHONY, LEONARD      |                                            |
| STREET ADDRESS | 26421 S W 134TH PLACE |                                            |
| CITY-ST-ZIP    | NARANJA FL 33032      |                                            |
| TITLE          | D                     | <input checked="" type="checkbox"/> Delete |
| NAME           | FOX, ANNIE            |                                            |
| STREET ADDRESS | 26421 S W 134TH PLACE |                                            |
| CITY-ST-ZIP    | NARANJA FL 33032      |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                          |                                                                              |
|----------------|--------------------------|------------------------------------------------------------------------------|
| TITLE          | President                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Arliz Franklin           |                                                                              |
| STREET ADDRESS | 26421 S.W. 134th Place   |                                                                              |
| CITY-ST-ZIP    | Naranja, Florida 33032   |                                                                              |
| TITLE          | Secretary                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Sheila Franklin          |                                                                              |
| STREET ADDRESS | 26421 S.W. 134th Place   |                                                                              |
| CITY-ST-ZIP    | Naranja, Florida 33032   |                                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |
| TITLE          | Treasurer                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Gladys Faust             |                                                                              |
| STREET ADDRESS | 2405 Jackson Street      |                                                                              |
| CITY-ST-ZIP    | Hollywood, Florida 33020 |                                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |
| TITLE          | Vice President           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Perry Slater             |                                                                              |
| STREET ADDRESS | 10360 S.W. 16th Street   |                                                                              |
| CITY-ST-ZIP    | Miami, Florida 33157     |                                                                              |

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 #

CR2E037 (10/00)