

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006213

1. Entity Name
BAKER COUNTY OPTIMIST CLUB, INC.

Principal Place of Business
705 N. 7TH ST.
MACCLENNEY FL 32063

Mailing Address
P.O. BOX 1204
MACCLENNEY FL 32063

2. Principal Place of Business
705 N. 7th St.

3. Mailing Address
P.O. Box 1204

Suite, Apt. #, etc.

City & State
Macclenny FL

Zip
32063

Country
USA

FILED
01 AUG -8 PM 5:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05/11/01 4044 039 6128

6. Name and Address of Current Registered Agent
BESSINGER, JAMES M JR.
360 E. SHUEY AVE.
MACCLENNEY FL 32063

7. Name and Address of New Registered Agent
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
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.
After September 12, 2001, min. will be \$236.25.
Resubmit for may 1st

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 <input type="checkbox"/>	Robert Demers <input type="checkbox"/> Delete P.O. Box 1204 Macclenny FL 32063	TITLE <input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/>	Gayvonne Demers <input type="checkbox"/> Delete P.O. Box 1204 Macclenny FL 32063	TITLE <input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/>	Tonya Godwin <input type="checkbox"/> Delete PO Box 282 Glen St. Mary FL 32040	TITLE <input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/>	Paula Barton <input type="checkbox"/> Delete 41 North Blvd E Macclenny FL 32063	TITLE <input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/>		TITLE <input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information applied 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.