

2002 UNIFORM BUSINESS REPORT (UBR)

5/20

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-20-2002 90020 007 ****61.25

DOCUMENT # N01000006445

1. Entity Name

IMMOKALEE OPTIMIST CLUB, INC.

Principal Place of Business

Mailing Address

**706 JEFFERSON AVE
 IMMOKALEE FL 34142**

**706 JEFFERSON AVE
 IMMOKALEE FL 34142**

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

91-2082319

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

**WHIDDEN, JANET
 2725 STATE RD 82
 IMMOKALEE FL 34142**

Name

ESTIL NULL

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

1402 NEW MARLOT ROAD

Unit - D

City

IMMOKALEE

FL

Zip Code

34142

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-2007

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	DP	<input type="checkbox"/> Delete
NAME	NULL, ESTIL J R	
STREET ADDRESS	706 JEFFERSON AVE	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PATTERSON, THOMAS	
STREET ADDRESS	1021 PALM DR	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BARNHART, PATSY	
STREET ADDRESS	223 N 15TH ST	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WHIDDEN, JANET	
STREET ADDRESS	2728 STATE RD 82	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	DT	<input type="checkbox"/> Delete
NAME	COLEMAN, ROBERT	
STREET ADDRESS	1400 N 15 ST #A	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEYO, WILLIAM	
STREET ADDRESS	PO BOX 204	
CITY-ST-ZIP	IMMOKALEE FL 34143	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-2002

Date

941-657-213

Daytime Phone #

CR2E037 (9/01)