

DOCUMENT # N13294

1. Entity Name

RICHMOND PERRINE OPTIMIST CLUB, INC. OF MIAMI, F

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90134 009 ****70.50

Principal Place of Business

9950 W. INDIGO ST
MIAMI FL 33157
US

Mailing Address

C/O ROY BROWN
16236 S.W. 92ND AVENUE
MIAMI FL 33157
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2664308

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75. Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, ROY
16236 S.W. 92ND AVENUE
MIAMI FL 33157

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

Roy Brown Bd. Mbr.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-2001

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 PD
NAME BATTLE, GEORGE MD
STREET ADDRESS 9000 SW 152 STREET
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE D
NAME HOLLIS, DONALD
STREET ADDRESS 14820 LOUIS STREET
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE S
NAME TOOKES, RONALD
STREET ADDRESS 17451 SW 109 AVENUE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE D
NAME BROWN, ROY
STREET ADDRESS 16236 S.W. 92ND AVENUE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE V
NAME BETHEL, CHARLES
STREET ADDRESS 10954 SW 152 TERR
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

TITLE V
NAME COLEMAN, LINETTE
STREET ADDRESS 14954 SW 168 TERR
CITY-ST-ZIP MIAMI FL 33187 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Roy Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/2001 (805) 253-7769

CR2E037 (10/00)