2002 UNIFORM BUSINESS REPORT (UBR)

Jan 23, 2002 8:00 am Secretary of State **DOCUMENT # N13294** 01-23-2002 90022 047 ****70 00 RICHMOND PERRINE OPTIMIST CLUB, INC. OF MIAMI, F Principal Place of Business Mailing Address 9950 W. INDIGO ST C/O ROY BROWN 16236 S.W. 92ND AVENUE MIAMI FL 33157 US MIAMI FL 33157 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2664308 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **BROWN, ROY** 16236 S.W. 92ND AVENUE MIAMI FL 33157 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE Change ☐ Addition TITLE Delete BATTLE, GEORGE MD NAME NAME STREET ADDRESS 9000 SW 152 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition Change TITLE ☐ Delete TITLE HOLLIS, DONALD NAME NAME 14820 LOUIS STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE TOOKES, RONALD NAME NAME STREET ADDRESS 17451 SW 109 AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL ☐ Delete Change ☐ Addition TITLE TITLE BROWN, ROY NAME 16236 S.W. 92ND AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE BETHEL. CHARLES NAME STREET ADDRESS 10954 SW 152 TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33176 ☐ Addition TITLE ☐ Delete TITLE ☐ Change COLEMAN, LINETTE NAME NAME

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 addivise, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

14954 SW 168 TERR

imiami FL 33187

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brown 1

1-10-02 (253) 7760

FILED