

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90220 036 *****70.00

DOCUMENT # N13294

1. Entity Name
**RICHMOND PERRINE OPTIMIST CLUB, INC. OF
MIAMI, FL**



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
9955 West Indigo Street

3. Mailing Address
**c/o Woolton Anderson
9955 West Indigo Street**

Suite, Apt. #, etc.
6

Suite, Apt. #, etc.
9955 West Indigo Street

City & State
Miami, FL

City & State
Miami, FL

Zip
33157

Country
USA

Zip
33157

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-2664308

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Ronald Tookes
Street Address (P.O. Box Number is Not Acceptable)
11531 S.W. 141 Street
City
Richmond Heights FL Zip Code
33176

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ronald Tookes* **Ronald Tookes**

March 26, 2003

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

(NOTE: Registered Agent's signature required when resigning)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BATTLE, GEORGE MD
9000 SW 162 STREET
MIAMI, FL** ☐ Delete

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BETHEL, CHARLES
10954 SW 162 TERR
MIAMI, FL 33176** ☐ Delete

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/T ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/D
Daisy Gardner Lester
15344 S.W. 102 Court
Miami, Florida 33157** ☐ Change ☒ Addition

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

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

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: *Ronald Tookes* **Ronald Tookes**

03/26/03

(305) 233-9325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (10/02)