

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90027 001 ****61.25

DOCUMENT # N15091

1. Entity Name

THE OPTIMIST CLUB OF DUNEDIN, FLORIDA, INC.

Principal Place of Business

**596 BAYWOOD DR. N
DUNEDIN FL 34698
US**

Mailing Address

**PO BOX 1731
DUNEDIN FL 34697-1731**

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 **59-2573583**

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

**WALSTON, JAY
2032 PRINCETON AVE.
DUNEDIN FL 34698**

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

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 ☒ Delete
NAME ~~WALSTON, JAY~~
STREET ADDRESS ~~2032 PRINCETON AVE~~
CITY-ST-ZIP ~~DUNEDIN FL 34698~~

TITLE ☐ Change ☒ Addition
NAME **VICE-PRESIDENT & DIRECTOR**
STREET ADDRESS **WARNEKA, JOHN L.**
CITY-ST-ZIP **1531 SANTA CLARA DRIVE**
DUNEDIN, FL 34698

TITLE ☐ Delete
NAME **T D**
STREET ADDRESS **NYSTROM, PAUL H**
CITY-ST-ZIP **1665 CINNAMON LANE**
DUNEDIN FL 34698

TITLE ☒ Change ☐ Addition
NAME **TREASURER & DIRECTOR**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **O'CONNELL, ROBERT E**
STREET ADDRESS **2456 BAYWOOD DR., WEST**
CITY-ST-ZIP **DUNEDIN FL 34698**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **TOSCANI, CAROL C.**
CITY-ST-ZIP **2182 CHANTILLY LANE**
DUNEDIN FL 34698

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

TITLE ☐ Delete
NAME **PD SD**
STREET ADDRESS **FEEHERRY, THOMAS F**
CITY-ST-ZIP **130 PATRICIA AVE., #54**
DUNEDIN FL 34698

TITLE ☒ Change ☐ Addition
NAME **SECRETARY & DIRECTOR**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **DAILEY, WAYNE G**
CITY-ST-ZIP **1447 DINNER BELL LANE**
DUNEDIN FL 34698

TITLE ☒ Change ☐ Addition
NAME **PRESIDENT & DIRECTOR**
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:

Wayne G Dailey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/02 (727) 734-0502

CR2E037 (9/01)