

DOCUMENT # N29801

1. Entity Name

CENTRAL PASCO OPTIMIST CLUB OF LAND O'LAKES, INC**FILED**
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90155 021 ****61.25

Principal Place of Business

Mailing Address

18541 HWY 52
LAND O'LAKES FL 34639
US17741 ESPRIT DRIVE
TAMPA FL 33647-2509
US

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

23-7383668

Applied For

Not Applicable

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

WILLIAMS, VIRGIL
15225 SPOKAN ROAD
SPRINGHILL FL 33610

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 \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SEAYER, WILLIAM	15722 CENTURY DR	HUDSON FL	<input type="checkbox"/>
D	WILLIAMS, VIRGIL L.	15225 SPOKAN RD.	SPRINGHILL FL 33610	<input type="checkbox"/>
ST	RUMRILL, FRANK	17741 ESPRIT DRIVE	TAMPA FL 33647	<input type="checkbox"/>
D	CHAPMAN, JOSEPH	31200 BLANTON RD.	DADE CITY FL 34609	<input type="checkbox"/>
VP	CHAPMAN, GEORGE	12189 ARMENIA GABLES CIR	TAMPA FL 33612	<input type="checkbox"/>
D	LESTER, ROBERT	3240 BRONZELEAF PL	LAND O' LAKES FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	Robert Lester	3240 BRONZE LEAF PL	LAND O'LAKES, FL 34639	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	Lester, Lorraine	10631 LAND O'LAKES BLVD	LAND O'LAKES, FL 34639	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: *Frank Rumrill*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00

Date

(813) 991-5633

Daytime Phone #

CR21 017 0001