

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

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90101 036 \*\*\*\*61.25

**DOCUMENT # N29801**

1. Entity Name

**CENTRAL PASCO OPTIMIST CLUB OF LAND O'LAKES, INC**



Principal Place of Business

**18541 HWY 52  
LAND O'LAKES FL 34639  
US**

Mailing Address

**19107 DOVE CREEK DRIVE  
TAMPA FL 33647  
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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUMRILL, FRANK JR  
19107 DOVE CREEK DRIVE  
TAMPA FL 33647**

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

SIGNATURE

*Frank E. Rumrill Jr.*

(NOTE: Registered Agent signature required when reinstating)

*1-14-03*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	LESTER, ROBERT	3240 BRONZE LEAF PL	LAND O LAKES FL 34639	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	EDGRIN, JOAN	1411 WILDROSE DRIVE	LUTZ FL 33549	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	RUMRILL, FRANK	19107 DOVE CREEK DRIVE	TAMPA FL 33647	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	BOULLY, LAURA	11150 LAKE SHORE DRIVE	LAND O LAKES FL 34639	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	KIRKLAND, KAREN	PO BOX 1038	LAND O LAKES FL 34639	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input 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: *Karen Kirkland*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-20-03 (813)996-3355*

Date

Daytime Phone #

CR2E037 (10/02)