

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30451

1. Entity Name

SUNCOAST OPTIMIST FOUNDATION, INC.

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90152 010 ****61.25

Principal Place of Business

C/O GEOFFREY H. PROFFITT
P.O. BOX 1182
SARASOTA FL 34230-1182

Mailing Address

C/O GEOFFREY H. PROFFITT
P.O. BOX 1182
SARASOTA FL 34230-1182

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

65-0123355

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

Change Only

MILLER, ROBERT

517 2ND ST W

BRADENTON FL 34205

Name

Street Address (P.O. Box Number is Not Acceptable)

717 Manatee Ave Suite 200

Bradenton

FL 34205

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

After September 13, 2000 min. will be \$236.25

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 **SD** ☐ Delete
NAME **BLETHEN, CRAIG A**
STREET ADDRESS **3939 42ND ST**
CITY-ST-ZIP **SARASOTA FL 34235**

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

TITLE **D** ☐ Delete
NAME **JACKSON, JEFFREY H**
STREET ADDRESS **3715 75TH AVE DR E**
CITY-ST-ZIP **SARASOTA FL 34243**

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

TITLE **TD** ☐ Delete
NAME **JACKSON, JANET M**
STREET ADDRESS **3060 DIVIDING CREEK DR.**
CITY-ST-ZIP **SARASOTA FL 34237**

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

TITLE **D** ☐ Delete
NAME **KELSO, GEAN**
STREET ADDRESS **3116 53RD ST**
CITY-ST-ZIP **SARASOTA FL**

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

TITLE **VD** ☐ Delete
NAME **PROFFITT, GEOFFREY, H**
STREET ADDRESS **1343 MAIN ST 413**
CITY-ST-ZIP **SARASOTA FL**

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

TITLE **PD** ☐ Delete
NAME **MILLER, ROBERT**
STREET ADDRESS **517 2ND ST WEST**
CITY-ST-ZIP **BRADENTON FL 34205**

TITLE ☐ Change ☐ Addition
NAME
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Janet M. Jackson

07/25/00 941-359-1592

CP2E037 (5/00)