

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30451

1. Entity Name

SUNCOAST OPTIMIST FOUNDATION, INC.

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

MILLER, ROBERT  
517 2ND ST W  
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name

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

717 Manatee Ave. W. Suite 200

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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE D ☐ Change ☒ Addition  
NAME Hearn, Jesse  
STREET ADDRESS 15604 Casandra Place  
CITY-ST-ZIP Tampa, FL 33624

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2105 S. Brink Avenue  
CITY-ST-ZIP Sarasota, FL 34239

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 717 Manatee Ave. W. Suite 200  
CITY-ST-ZIP Bradenton, FL 34205

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:

*Robert Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-01 941-359-1592

Date

Daytime Phone #

CR2E037 (10/00)

FILED  
May 02, 2001 8:00 am  
Secretary of State  
05-02-2001 90140 034 \*\*\*\*70.00

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DO NOT WRITE IN THIS SPACE