

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31965

1. Entity Name

SUNSET OPTIMIST YOUTH FOUNDATION, INC.

**FILED**  
**Sep 05, 2000 8:00 am**  
**Secretary of State**

09-05-2000 90045 034 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2150 GULF SHORE BLVD N  
 #501  
 NAPLES FL 34102

2150 GULF SHORE BLVD N  
 #501  
 NAPLES FL 34102-4600

2. Principal Place of Business

3. Mailing Address

930 GIRALDA CT

930 GIRALDA CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARCO ISLAND, FL

City & State

MARCO ISLAND, FL

4. FEI Number

65-0130378

Applied For

Not Applicable

Zip

34145

Country

Zip

34145

Country

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

HILL, CHRIS  
 4634 LAKEWOOD BLVD  
 NAPLES FL 34112

Name

EDWARD SCOTT

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

930 GIRALDA CT.

City

MARCO ISLAND

FL

Zip Code

34145

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

EDWARD SCOTT

AUG 30 / 00

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 VD  
 STREET ADDRESS SCOTT, ED  
 CITY-ST-ZIP 930 GERALDA COURT  
 MARCO ISLAND FL 34145

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

TITLE ☐ Delete  
 NAME STD  
 STREET ADDRESS HILL, CHRIS  
 CITY-ST-ZIP 4634 LAKEWOOD BLVD  
 NAPLES FL 34112

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

TITLE ☐ Delete  
 NAME PD  
 STREET ADDRESS HEAMAN, JOHN  
 CITY-ST-ZIP 1074 HOLLYGATE LN  
 NAPLES FL

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 REQUIRED**  
 CHRIS HILL

Date

Daytime Phone #

8/30/00 (941) 774 5511

CR2E037 (9/99)