

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31965

1. Entity Name

SUNSET OPTIMIST YOUTH FOUNDATION, INC.

Principal Place of Business

2150 GULF SHORE BLVD N
#501
NAPLES FL 34102

Mailing Address

2150 GULF SHORE BLVD N
#501
NAPLES FL 34102

2. Principal Place of Business

Suite, Apt. #, etc.

#701

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

#701

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HILL, CHRIS
4634 LAKEWOOD BLVD
NAPLES FL 34112

7. Name and Address of New Registered Agent

Name

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

5980 Green Blvd

City

Naples

FL

Zip Code

34116

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5980 Green Blvd
CITY-ST-ZIP Naples, FL 34116

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 ☐ 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 of Edward Scott* EDWARD SCOTT VD

5/7/01

941-642-7424

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90370 024 ****70.00

550727



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0130378

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

CR2E037 (10/00)