2002 UNIFORM BUSINESS REPORT (UBR)

4/2/0

FILED
May 12, 2002 8:00 am
Secretary of State
04-02-2002 90086 044 ****61.25

DOCUMENT # N33227

1. Entity Name

MID-DAY OPTIMIST CLUB OF NAPLES, INC.

Principal Place of Business	Mailing Address
1923 TRADE CENTER WAY #3 NAPLES FL 34109	3620 KENT DRIVE NAPLES FL 34112

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3200 TAMIAMI TR. N.	3200 TAMIAMI TR. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES FL	City & State: NAPLES FL
Zip: 34103 Country: U.S.	Zip: 34103 Country: U.S.

4. FEI Number: 95-0734630 ☐ 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
WOODARD, MARK 801 LAUREL OAK DRIVE SUITE 710 NAPLES FL 34108	Name Street Address (P.O. Box Number is Not Acceptable): 3200 TAMIAMI TR. N. City: NAPLES FL Zip Code: 34103

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LEIGH, DAVID 5150 TAMMI TR N #541 NAPLES FL 34103	☑ Delete	DP MARK WOODWARD 3200 TAMIAMI TR. N. NAPLES FL 34103	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GRUBER, DAVID M 3620 KENT DRIVE NAPLES FL 34112	☑ Delete	DT TAMMY PRICE 1164 GOODLETTE RD. NAPLES FL 34102	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PRICE, TAMMY 4050 32ND AVE. S.W. NAPLES FL 34116	☑ Delete	DUP DARREN CARLE 240 31ST ST NW NAPLES FL 34120	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: Tammy Price REQUIRED Tammy PRICE 3-26-02 239-261-2627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RECEIVED