

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90167 025 ****70.00

DOCUMENT # N33227

1. Entity Name

MID-DAY OPTIMIST CLUB OF NAPLES, INC.



Principal Place of Business

**3200 TAMiami TR. N
NAPLES FL 34103**

Mailing Address

**3200 TAMiami TR. N
NAPLES FL 34103**

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 **95-0734630**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WOODARD, MARK
3200 TAMiami TR. N
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **Mark-J.-Woodward**

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

3200 Tamiami Trail North, Suite 200

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WOODWARD, MARK 3200 TAMiami TR N NAPLES FL 34103 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PRICE, TAMM 1164 GOODLETTE RD NAPLES FL 34102 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CARVE, DARRELL 240 31ST ST NW NAPLES FL 34120 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS Kim Luidhardt <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2727 66th Street SW Naples, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Darrell Caple
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Terri Lomonaco <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6750 Huntington Lakes Circle #201 Naples, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Scott Geltemeyer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 78 Burnt Pine Drive Naples, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]

9-13-03 54-3333

CR2E037 (10/02)