

2000 UNIFORM BUSINESS REPORT (UBR)

3.

DOCUMENT # N34293

1. Entity Name

OPTIMIST CLUB OF WEST PENSACOLA, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

03-03-2000 90205 014 ****61.25

Principal Place of Business

6018 SOMERSET DR.
PENSACOLA FL 32526-1515

Mailing Address

6018 SOMERSET DR.
PENSACOLA FL 32526-1515

2. Principal Place of Business

3775 Summer Drive

Suite, Apt. #, etc.

3. Mailing Address

3775 Summer Drive

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32504

Country

USA

Zip

32504

Country

USA

4. FEI Number

59-2907214

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

KELLEY, ROBERT L.
6018 SOMERSET DR.
PENSACOLA FL 32526

7. Name and Address of New Registered Agent

Name Denise Gillman

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

3775 Summer Drive

City

Pensacola

FL

Zip Code

32504

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	ST	<input checked="" type="checkbox"/> Delete
NAME	KELLEY, ROBERT L.	
STREET ADDRESS	6018 SOMERSET DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CATCHES, JAMES	
STREET ADDRESS	2150 HOLLY HILL RD.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POUNDERS, BOBBIE	
STREET ADDRESS	4872 LANETT DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOWNY, JAMES	
STREET ADDRESS	11210 SEAGLADES DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCLONDON, ROBERT	
STREET ADDRESS	602 N. 47TH AVE.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Denise Gillman	
STREET ADDRESS	3775 Summer Drive	
CITY-ST-ZIP	Pensacola, FL 32504	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amy Bayaly	
STREET ADDRESS	2771 Cottonwood Lane	
CITY-ST-ZIP	Pensacola, FL 32514	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert L. Kelley	
STREET ADDRESS	6018 Somerset Drive	
CITY-ST-ZIP	Pensacola, FL 32526	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)