

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38074

1. Entity Name

MARIANNA OPTIMIST YOUTH FOUNDATION OF MARIANNA,

Principal Place of Business

4334 6TH AVENUE
MARIANNA FL 32446

Mailing Address

P.O. BOX 387
MARIANNA FL 32447-0387
US

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

59-3008922

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

WILLIAMS, HUBERT W.
4334 6TH AVE
MARIANNA FL 32446

Name

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

City

FL

Zip Code

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 D
NAME PFORTE, BOB
STREET ADDRESS 4214 W. LAFAYETTE ST.
CITY-ST-ZIP MARIANNA FL 32446 ☐ Delete

TITLE D
NAME HUANG, PAUL
STREET ADDRESS 4642 RIVER DR.
CITY-ST-ZIP MARIANNA FL 32446 ☐ Delete

TITLE DP
NAME HILL, EDWIN G SR
STREET ADDRESS 7336 HWY 90
CITY-ST-ZIP GRAND RIDGE FL 32442 ☐ Delete

TITLE DST
NAME WILLIAMS, HUBERT W
STREET ADDRESS 4334 6TH AVE
CITY-ST-ZIP MARIANNA FL ☐ Delete

TITLE DV
NAME GRINDLE, ROBERT S JR
STREET ADDRESS 4553 RED OAK TRACE
CITY-ST-ZIP MARIANNA FL 32446 ☐ Delete

TITLE D
NAME ROOKS, CLAYTON O
STREET ADDRESS 2438 FILLMORE DR.
CITY-ST-ZIP MARIANNA FL 32446 ☐ Delete

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
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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: Hubert W. Williams DE HUBERT W WILLIAMS 3-14-2000 850 482 4072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

DO NOT WRITE IN THIS SPACE



N38074

822837

Marianna Optimist Youth Foundation of Marianna

Document # N38074

03-14-2000

Additional Officers & Directors

Title D

Kleinhans, William O

4343 Angela Dr

Marianna, Fl 32446

Title D

Gibbs, James A Sr.

2633 Indian Springs Rd

Marianna, Fl 32446