

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38369

1. Entity Name

THE PALM HARBOR OPTIMIST CLUB, INC.

**FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90008 032 \*\*\*\*70.00

Principal Place of Business

Mailing Address

C/O DONNA MEYER  
P.O. BOX 2204  
PALM HARBOR FL 34682

C/O DONNA MEYER  
P.O. BOX 2204  
PALM HARBOR FL 34682-2204

2. Principal Place of Business

3. Mailing Address

C/O CONNIE FIELDS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3112753

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

MEYER, DONNA  
760 SOUNDVIEW DRIVE  
PALM HARBOR FL 34683

Name

CONNIE FIELDS

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

1021 15th St.

City

Palm Harbor

FL

Zip Code

34683

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

Connie A. Fields CONNIE A. FIELDS

2-14-00

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 PD ☒ Delete  
NAME FISCHER, JENNIFER  
STREET ADDRESS 759 CLAUDIA LANE  
CITY-ST-ZIP PALM HARBOR FL 34683

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

TITLE VSD ☐ Delete  
NAME MEYER, DONNA  
STREET ADDRESS 760 SOUNDVIEW DRIVE  
CITY-ST-ZIP PALM HARBOR FL 34683

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

TITLE VD ☐ Delete  
NAME WOLFRAM, MARY  
STREET ADDRESS 744 DENN AVE.  
CITY-ST-ZIP PALM HARBOR FL 34683

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

TITLE VD ☐ Delete  
NAME FIELDS, CONNIE  
STREET ADDRESS 1021 15TH AVE.  
CITY-ST-ZIP PALM HARBOR FL 34683

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

Connie A. Fields CONNIE A. FIELDS

Date

Daytime Phone #

CR2E037 (9/99)