

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39175

1. Entity Name

THE CITY OF PALMS OPTIMISTS, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90123 012 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 7654
FORT MYERS FL 33911

P.O. BOX 7654
FORT MYERS FL 33911-7654

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

65-0213057

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

MOAP, NORMAN L
7400 COLLEGE PKWY #6415
FT MYERS FL 33907

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	<input type="checkbox"/> Delete
NAME	PLACE, CARRIE S	
STREET ADDRESS	P.O. BOX 7654	
CITY-ST-ZIP	FT MYERS FL 33911	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOHR, WILLARD	
STREET ADDRESS	2101 BURTON AVE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STEVENS, DOUGLAS JR	
STREET ADDRESS	15110 PORT OF IONA RD	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MOHR, NORMAN L	
STREET ADDRESS	7400 COLLEGE PKWY, #643	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHAEFER, ALICE I	
STREET ADDRESS	2501 CORTEZ BLVD	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	P	<input type="checkbox"/> Delete
NAME	MOHR, LILLIAN F	
STREET ADDRESS	7400 COLLEGE PARKWAY	
CITY-ST-ZIP	FT MYERS FL 33907	

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAN L. MOHR	
STREET ADDRESS	convention hotel	
CITY-ST-ZIP	FT MYERS	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY FAAR	
STREET ADDRESS	7516 WOODLAND Bend Ct.	
CITY-ST-ZIP	FORT MYERS, FL. 33912	
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:

NORMAN L. MOHR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)