

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90130 007 ****61.25

0069148

DOCUMENT # N39175

1. Entity Name

THE CITY OF PALMS OPTIMISTS, INC.

Principal Place of Business

P.O. BOX 7654
 FORT MYERS FL 33911

Mailing Address

P.O. BOX 7654
 FORT MYERS FL 33911

922894



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0213057

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
NORMAN L. MOHR

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

7400 College Pkwy 6415

City
Fort Myers

FL

Zip Code
33907

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-19-2001

**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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
PLACE, CARRIE S
P.O. BOX 7654
FT MYERS FL 33911 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
MOHR, WILLARD
2101 BURTON AVE
FT MYERS FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VP
STEVENS, DOUGLAS JR
15110 PORT OF IONA RD
FT MYERS FL 33907 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
ST
MOHR, NORMAL L
7400 COLLEGE PKWY, #643
FT MYERS FL 33907 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
FARR, LARRY
7516 WOODLAND BEND CT
FORT MYERS FL 33912 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P
MOHR, LILLIAN F
7400 COLLEGE PARKWAY
FT MYERS FL 33907 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Director
Beth Stevens
2944 McGregor
Fort Myers, FL. 33901 ☒ Change ☒ Addition

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

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

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☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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 REQUIRED
[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-19-2001 (941) 936-8888

CR2E037 (10/00)