

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90166 019 ****61.25

DOCUMENT # N39175

1. Entity Name

THE CITY OF PALMS OPTIMISTS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 7654
 FORT MYERS FL 33911

P.O. BOX 7654
 FORT MYERS FL 33911

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

MOHR, NORMAN L.
9400 COLLEGE DRIVE 64B
FORT 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **NORMAN L. MOHR**

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

(NOTE: Registered Agent signature required when reinstating)

7-18-2002
 DATE

After September 13, 2002,
min. will be \$236.25.

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	STEVENS, BETTY	
STREET ADDRESS	2944 MCGREGOR	
CITY-ST-ZIP	FORT MYERS FL 33901	
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 type="checkbox"/> Delete
NAME	FARR, LARRY	
STREET ADDRESS	7516 WOODLAND BEND CT	
CITY-ST-ZIP	FORT MYERS FL 33912	
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
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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: **NORMAN L. MOHR** **7-18-2002 (239) 936-8898**

CR2E037 (4/02)