

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39829

1. Entity Name

VILLAGES OF HOMESTEAD OPTIMIST CLUB, INC.

Principal Place of Business

Mailing Address

C/O PAT MASON
11983 SW 268TH TERR
NARANJA FL 33032
US

% PAT MASON
11983 S.W. 268TH TERRACE
NARANJA FL 33032-3323

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

65-0213056

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

MASON, PAT
11983 S.W. 268TH TERRACE
NARANJA FL 33032

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	DP	<input type="checkbox"/> Delete
NAME	MASON, PAT	
STREET ADDRESS	11983 S.W. 268TH TERRACE	
CITY-ST-ZIP	NARANJA FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MASON, DANNY	
STREET ADDRESS	11983 SW 268TH TERR.	
CITY-ST-ZIP	NARANJA FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ROBIN CLIFFORD	
STREET ADDRESS	31824 SW 187 PL	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LYONS, JANE	
STREET ADDRESS	18305 SW 292ND ST.	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHACK, HAL	
STREET ADDRESS	1211 L INDEPENDENCE DR.	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENN, VIC	
STREET ADDRESS	7713 SW 128TH PL	
CITY-ST-ZIP	MIAMI FL	

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	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90088 042 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

SIGNATURE: *[Signature]* RECORDED MASON (DS) 7 Jan 00 305 258-2755