

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90013 005 ****61.25

DOCUMENT # N39829

1. Entity Name

VILLAGES OF HOMESTEAD OPTIMIST CLUB, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0213056

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

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** ☐ Delete
 NAME **MASON, PAT**
 STREET ADDRESS **11983 S.W. 268TH TERRACE**
 CITY-ST-ZIP **NARANJA FL**

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

TITLE **DS** ☐ Delete
 NAME **MASON, DANNY**
 STREET ADDRESS **11983 SW 268TH TERR.**
 CITY-ST-ZIP **NARANJA FL**

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

TITLE **DV** ☐ Delete
 NAME **ROBIN CLIFFORD**
 STREET ADDRESS **31824 SW 187 PL**
 CITY-ST-ZIP **HOMESTEAD FL**

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

TITLE **DT** ☐ Delete
 NAME **LYONS, JANE**
 STREET ADDRESS **18305 SW 292ND ST.**
 CITY-ST-ZIP **HOMESTEAD FL**

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

TITLE **D** ☐ Delete
 NAME **SCHACK, HAL**
 STREET ADDRESS **1211 L INDEPENDENCE DR.**
 CITY-ST-ZIP **HOMESTEAD FL**

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

TITLE **D** ☐ Delete
 NAME **PENN, VIC**
 STREET ADDRESS **7713 SW 128TH PL**
 CITY-ST-ZIP **MIAMI FL**

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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 Jan 01 305-258-2755
 Date Daytime Phone #

CR2E037 (10/00)