

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2002 8:00 am
Secretary of State

08-15-2002 90048 019 ****61.25

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

2. Principal Place of Business

PAT MASON

Suite, Apt. #, etc.

695 SE 29 Dr

City & State
HOMESTEAD, FL

Zip
33033-5750

Country
USA

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

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)
695 SE 29 Dr

Homestead, FL 33033-5750

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

(NOTE: Registered Agent signature required when reinstating)

8/12/02
 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 ☐ Delete
 NAME **DV**
 STREET ADDRESS **MASON, PAT**
 CITY-ST-ZIP **11983 S.W. 268TH TERRACE**
NARANJA FL

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

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

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

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

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

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

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SCHACK, HAL**
 CITY-ST-ZIP **12214 JAMES PLACE**
LEESBURG FL 34788

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PENN, VIC**
 CITY-ST-ZIP **7713 SW 128TH PL.**
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: *PAT MASON* **SIGNATURE REQUIRED**

8/12/02 305-258-2755

CR2E037 (4/02)