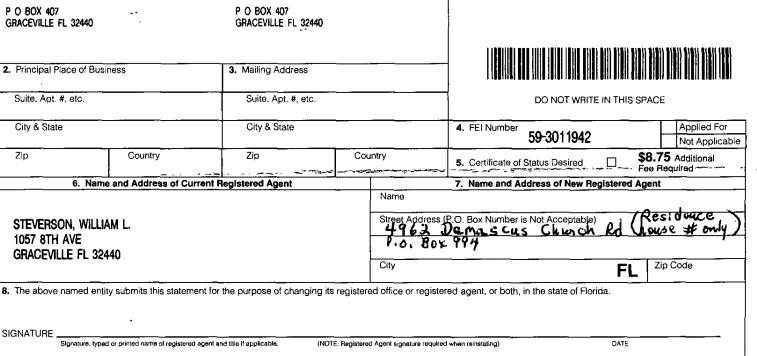
## 2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # N39865** 1. Entity Name GRACEVILLE OPTIMIST CLUB, INC. Principal Place of Business Mailing Address P O BOX 407 P O BOX 407 **GRACEVILLE FL 32440** GRACEVILLE FL 32440 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country 6. Name and Address of Current Registered Agent STEVERSON, WILLIAM L.

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

## **FILED** Jan 30, 2001 8:00 am Secretary of State

01-30-2001 90044 021 \*\*\*\*61.25



| FILE NOW:<br>FEE IS \$61.25              |   | 9. Election Campaign Financing Trust Fund Contribution. |                                       | \$5.00 May Be<br>Added to Fees                      | Make Check Payable to Department of State |                           |                   |
|--|---|---|---------------------------------------|---|---|---------------------------|-------------------|
| 10. OFFICERS AND DIRECTORS               |   |   | 11.                                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |                           |                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP    | DP<br>ARNOLD, GEORGIA<br>5240 CLIFF ST<br>GRACEVILLE FL 32440   | <b>≥</b> Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President<br>Ronald Bar<br>5398 Coop<br>Graceville, | ber<br>en st<br>FL 32440                  | Change                    | ☐ Addition        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP    | VD<br>BARBER, RONALD<br>5378 COOPER ST<br>GRACEVILLE FL 32440   | <b>≥</b> Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice Presid   | ent V/D<br>overson<br>cus Chuch Rd        | Change     →              | □ Addition        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP    | STD<br>WICKAELL, CAROLYN<br>1090 8TH AVE<br>GRACEVILLE FL 32440 | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/T/D<br>Carelyn Wil<br>1070 8th A                  | cksell<br>ve<br>FL 32440-24               | Change<br>Of Spe<br>house | Addition Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP    |   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP |   | Elect PE/D                                | ☐ Change                  | X Addition        |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP |   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |   | ☐ Change                  | Addition          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP    | į   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |   | ☐ Change                  | ☐ Addition        |

City

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:

1057 8TH AVE

SIGNATURE

**GRACEVILLE FL 32440** 

DEQUIRED Con olyn Wicksell