

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39865

1. Entity Name

GRACEVILLE OPTIMIST CLUB, INC.

Principal Place of Business

Mailing Address

P O BOX 407
GRACEVILLE FL 32440

P O BOX 407
GRACEVILLE FL 32440

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Jackson

Zip

Country

Jackson

4. FEI Number

59-3011942

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

STEVERSON, WILLIAM L
4962 DEMASCUS CHURCH RD
P BOX 994
GRACEVILLE FL 32440

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 ARNOLD, GEORGIA
STREET ADDRESS 5240 CLIFF ST
CITY-ST-ZIP GRACEVILLE FL 32440

TITLE D President ☒ Change ☐ Addition
NAME Debra Skinner
STREET ADDRESS 5226 Alabama St
CITY-ST-ZIP Graceville, FL 32440

TITLE PD ☐ Delete
NAME BARBER, RONALD
STREET ADDRESS 5378 COOPER ST
CITY-ST-ZIP GRACEVILLE FL 32440

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

TITLE STD ☐ Delete
NAME WICKSELL, CAROLYN
STREET ADDRESS 1070 8TH AVE
CITY-ST-ZIP GRACEVILLE FL 32440-2404

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

TITLE VP ☐ Delete
NAME STEVERSON, WILLIAM
STREET ADDRESS 4962 DAMASCUS CHURCH RD PO BOX 994
CITY-ST-ZIP GRACEVILLE FL 32440

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D V P ☐ Change ☒ Addition
NAME Robert Martin
STREET ADDRESS 5220 Smokey Rd
CITY-ST-ZIP Graceville, FL 32440

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

CAROLYN WICKSELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-02
Date

(850) 263-3951
Daytime Phone #

CR2E037 (9/01)