

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90195 003 ****61.25

DOCUMENT # N40146

1. Entity Name

CAPITAL CITY OPTIMIST CLUB OF TALLAHASSEE, INC.



Principal Place of Business

**3317 REMINGTON RUN
TALLAHASSEE FL 32312**

Mailing Address

**3317 REMINGTON RUN
TALLAHASSEE FL 32312**

2. Principal Place of Business

1004 Mimosa Drive

3. Mailing Address

1004 Mimosa Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3025065

Applied For

Not Applicable

Zip

32312

Country

USA

Zip

32312

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MASON, SUSAN C
3317 REMINGTON RUN
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name

Lynda F. Owens

Street Address (P.O. Box Number is Not Acceptable)

1004 MIMOSA DRIVE

1004 Mimosa Drive

City

Tallahassee

FL

Zip Code

32312

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

Lynda F. Owens

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **WATSON, TEDDI M**
STREET ADDRESS **3667 DEXTER DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** ☐ Delete
NAME **TASSINARI, PATRICIA**
STREET ADDRESS **1247 BRECKENRIDGE RUN**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **D** ☐ Delete
NAME **MUELLER, BRENDA**
STREET ADDRESS **3088 HUNTINGTON WOODS BLVD**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **P** ☒ Delete
NAME **HAMMONS-KING, CINDY**
STREET ADDRESS **3300 VASSAR CT**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** ☐ Delete
NAME **SUTHERLAND, CHERI**
STREET ADDRESS **8297 OLD ST. AUGUSTINE RD.**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **D** ☒ Delete
NAME **MASON, SUSAN C**
STREET ADDRESS **3317 REMINGTON RUN**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE **Director** ☐ Change ☒ Addition
NAME **Barbara Johnson**
STREET ADDRESS **319 Meadowbrook Lane**
CITY-ST-ZIP **Tallahassee, FL 32304**

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

TITLE **Sec/Treas** ☐ Change ☒ Addition
NAME **Lynda F. Owens**
STREET ADDRESS **1004 Mimosa Drive**
CITY-ST-ZIP **Tallahassee, FL 32312**

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

Lynda F. Owens

Treas

4-10-03

CR2E037 (10/02)