

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40377

1. Entity Name

NEW RIVER OPTIMIST CLUB OF FORT LAUDERDALE, INC.

Principal Place of Business

Mailing Address

14621 SW 24TH STREET
DAVIE FL 33325

14621 SW 24TH STREET
DAVIE FL 33325

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0021983

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

COBB, CAROL
14621 SW 24TH STREET
DAVIE FL 33325

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 NAME STREET ADDRESS CITY-ST-ZIP	PD COBB, CAROL 14621 SW 24TH STREET DAVIE FL 33325	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTR GORDON, LES 8070 NW 40TH STREET CORAL SPRINGS FL 33065	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STR AGUILAR, JAMIE 14621 SW 24TH STREET DAVIE FL 33325	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR COBB, MIKE 14621 SW 24TH STREET DAVIE FL 33325	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBB, BECKY P.O. BOX 16772 PLANTATION FL 33318	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGUILAR, ANDY 110 5TH AVE CHULA VISTA CA 91910	☐ Delete

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

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:

CAROL COBB 4/1/02 954 472-2145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90104 001 ****61.25
04-08-2002 90104 002 *****8.75



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)