

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91325 043 ****61.25

DOCUMENT # N46932

1. Entity Name

OPTIMIST CLUB OF WEST PALM BEACH, INC.

Principal Place of Business

Mailing Address

POB 2243
W PALM BEACH FL 33402-2243POB 2243
W PALM BEACH FL 33402-2243

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

59-6139128

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****TOMLINSON, ALLEN R.**
505 S FLAGLER DR
STE 1100
W PALM BEACH FL 33402

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 \$61.259. 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	<input type="checkbox"/> Delete
	D			
	THOMAS, DAVID J			
	222 RIDGEVIEW DR			
	PALM BEACH FL			
	STD			
	TUNIS, T B			
	8520 DOVERBROOK DR			
	PALM BCH GDNS FL			
	PD			
	TICKNER, RICHARD			
	2408 AVENIDA MADRID OSTE			
	WEST PALM BEACH FL 33415			
	D			
	HOWARD-SMITH, JOHN G			
	350 VALLEY FORGE RD			
	WEST PALM BEACH FL			
	D			
	TOMLINSON, ALLEN R			
	505 S FLAGLER DR, #1100			
	W PALM BCH FL			

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:

*T. B. Tunis**T. Bradley Tunis**2/19/01**561 968-7166*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)