

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000407

1. Entity Name

THE OPTIMIST CLUB OF BOYNTON BEACH, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90342 003 \*\*\*\*61.25

Principal Place of Business 336 N. CONGRESS AVE. BOYNTON BEACH FL 33426 US	Mailing Address 336 N. CONGRESS AVE. BOYNTON BEACH FL 33426-3413 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>65-0406013</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  <b>LEANNAIS, JANICE</b> <b>35 WINCHMORE LANE</b> <b>BOYNTON BCH FL 33426</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DIROMA, MARK</b> <b>1899-9N CONGRESS AVE.</b> <b>BOYNTON BEACH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>LEANNAIS, JANICE</b> <b>35 WINCHMORE LANE</b> <b>BOYNTON BCH FL 33426</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>KING, MICHELLE</b> <b>9871 INDIAN RIVER RUN</b> <b>BOYNTON BEACH FL 33437</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BALDO, BOB</b> <b>7526 BRIARCLIFF CIRCLE</b> <b>LAKE WORTH FL 33467</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DELAND, JAMES</b> <b>2840 WAYNE ROAD</b> <b>WEST PALM BEACH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ZIMMERMAN, BOB</b> <b>811 SW 18TH CT</b> <b>BOYNTON BCH FL 33426</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Margie Richards</b> <b>1226 Palama Way, Lantana FL33462</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Larry Richards</b> <b>1226 Palama Way</b> <b>Lantana, FL 33462</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Nancy De Land</b> <b>2840 Wayne Road</b> <b>West Palm Beach, FL 33406</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Marion Mirandi</b> <b>318B1 Knotty Pine Circle</b> <b>Greenacres, FL 33463</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Janice Leannais* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Janice Leannais** 4-30-00 64262577  
Date Daytime Phone #

CR2E037 (9/99)