

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 02, 2001 8:00 am
Secretary of State

02-06-2001 90035 021 ****61.25

DOCUMENT # N93000000407

1. Entity Name

THE OPTIMIST CLUB OF BOYNTON BEACH, INC.

Principal Place of Business

372
336 N. CONGRESS AVE.
BOYNTON BEACH FL 33426
US

Mailing Address

372
336 N. CONGRESS AVE.
BOYNTON BEACH FL 33426
US

2. Principal Place of Business

372 No. Congress (New)

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, F

Zip
33426

Country
USA

3. Mailing Address

372 No. Congress Ave. (New)

Suite, Apt. #, etc.

City & State

BOYNTON BEACH FL

Zip
33426

Country
USA

4. FEI Number

65-0406013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELETED

LEANNAIS, JANICE
35 WINCHMORE LANE
BOYNTON BCH FL 33426

7. Name and Address of New Registered Agent

Name **MARGE RICHARDS**

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

1226 PALAMA WAY

City **LANTANA**

FL

Zip Code
33462

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

Marge Richards

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIROMA, MARK 1899 9N CONGRESS AVE. BOYNTON BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEANNAIS, JANICE 35 WINCHMORE LANE BOYNTON BCH FL 33426	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KING, MICHELLE 9871 INDIAN RIVER RUN BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R BALDO, BOB 7526 BRIARCLIFF CIRCLE LAKE WORTH FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELAND, JAMES 2840 WAYNE ROAD WEST PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZIMMERMAN, BOB 811 SW 18TH CT BOYNTON BCH FL 33426	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARGE RICHARDS (PRESIDENT) 1226 PALAMA WAY LANTANA, FL 33462	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BOB BALDO 7526 BRIARCLIFF CIRCLE LAKE WORTH FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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:

Marge Richards

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/01

(561) 588-2488

CR2E037 (10/00)