

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000001072**

1. Entity Name

SOUTHWEST BROWARD OPTIMIST CLUB, INC.**FILED****Feb 22, 2000 8:00 am**
Secretary of State

02-22-2000 90034 021 ****61.25

Principal Place of Business

Mailing Address

9430 LIVE OAK PL
APT #103
FT LAUDERDALE FL 33324
US9430 LIVE OAK PL
APT #103
FT LAUDERDALE FL 33324-4712
US

813330



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0450337

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

ROBERTS, ELIZABETH
9430 LIVE OAK PLACE STE 103
FORT LAUDERDALE FL 33324

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**

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

ADDRESS	ST-ZIP	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
V		KENT, SHARON	2231 SW 92 TERR	FORT LAUDERDALE FL 33324		P	NOTMAN, DAVID	P.O. BOX 291801		<input checked="" type="checkbox"/>
P		ROBERTS, BETH	9430 LIVE OAK PL #103	FORT LAUDERDALE FL 33324		STD	ROBERTS, ELIZABETH	9430 LIVE OAK PL. #103	<input checked="" type="checkbox"/>	
STD		ROBERTS, BETH	9430 LIVE OAK PLACE	FT LAUDERDALE FL						
D		BERNARD, BRUCE	16310 MALIBU DR	FORT LAUDERDALE FL 33326						
D		LEE, CASEY	12626 SW 9 PL	DAVIE FL 33325						

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:

ELIZABETH A. ROBERTS

Date

Daytime Phone #

2/11/00 (931) 797-1175

CR2E037 (9/99)