

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001072

1. Entity Name

SOUTHWEST BROWARD OPTIMIST CLUB, INC.

FILED

01 DEC 24 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2001

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

7201 S.W. 41st Place

Suite, Apt. #, etc.

3. Mailing Address

7201 SW 41st Place

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

DAVIE FL

Zip

33314

Country

USA

Zip

33314

Country

USA

4. FEI Number

65-0450337

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

8000004765468--B
-01/10/02--01076--023

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

***236.25 ***236.25

7. Name and Address of New Registered Agent

Name

Will Allen

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

7201 S.W. 41st Place

City

DAVIE

FL

Zip Code

33314

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

Will Allen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/18/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VICE PRESIDENT-INTERNAL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAN OYLER	
STREET ADDRESS	9507 BURLINGTON Place	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	VICE PRESIDENT-EXTERNAL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN DOHERTY	
STREET ADDRESS	8382 Summerfield Place	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGARET WU	
STREET ADDRESS	4280 NW 120th Way	
CITY-ST-ZIP	SUNRISE, FL 33323	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAQUEL GRAY	
STREET ADDRESS	1637 Salerno Circle	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRLEY PRAKELT	
STREET ADDRESS	376 LINWOOD DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETH ROBERTS	
STREET ADDRESS	1524 WHITEHALL DRIVE APT 303	
CITY-ST-ZIP	FT LAUDERDALE FL 33324-6649	

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:

Will Allen

11/01/01

954-777-2493

CR2E037 (10/00)