

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State
03-06-2002 90108 008 ****61.25

DOCUMENT # N94000001072

1. Entity Name

SOUTHWEST BROWARD OPTIMIST CLUB, INC.

Principal Place of Business

Mailing Address

~~7201 S.W. 41ST PLACE~~
DAVIE FL 33314
US

~~7201 S.W. 41ST PLACE~~
DAVIE FL 33314
US

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

65-0450337

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

ALLEN, WILL
7201 S.W. 41ST PLACE
DAVIE FL 33314

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 \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **OYLER, DAN**
CITY-ST-ZIP **9507 BURLINGTON PLACE**
BOCA RATON FL 33434

TITLE ☒ Change ☐ Addition
NAME **P Allen, will**
STREET ADDRESS **7201 SW 41 PL.**
CITY-ST-ZIP **DAVIE, FL. 33314**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **DOHERTY, JOHN**
CITY-ST-ZIP **8382 SUMMERFIELD PLACE**
BOCA RATON FL 33433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WU, MARGARET**
CITY-ST-ZIP **4280 N.W. 120TH WAY**
SUNRISE FL 33323

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BERNARD, BRUCE**
CITY-ST-ZIP **16310 MALIBU DR**
FORT LAUDERDALE FL 33326

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GRAY, RAQUEL**
CITY-ST-ZIP **1637 SALERNO CIRCLE**
WESTON FL 33327

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PRAKELT, SHIRLEY**
CITY-ST-ZIP **376 LINWOOD DRIVE**
MIAMI SPRINGS FL 33166

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIG Will Allen REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/02

Date

954-777-2083

Daytime Phone #

CR2E037 (9/01)