

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90140 039 \*\*\*\*\*61.25

**DOCUMENT # N94000001072**

1. Entity Name

**SOUTHWEST BROWARD OPTIMIST CLUB, INC.**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

**6725 SW 41 Drive**

3. Mailing Address

**6725 SW 41 Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Davie, FL**

City & State

**Davie, Florida**

4. FEI Number **65-0450337**

Applied For

Not Applicable

Zip

**33314**

Country

**USA**

Zip

**33314**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

**Micki Mackenzie**

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

**6725 SW 41 Drive**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Micki Mackenzie President*

*1/27/03*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete  
NAME **ALLEN, WILL**  
STREET ADDRESS **7201 SW 41 PL**  
CITY-ST-ZIP **DAVIE FL 33314**

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition  
NAME **Mackenzie, Micki**  
STREET ADDRESS **6725 SW 41 Drive**  
CITY-ST-ZIP **Davie, Florida 33314**

TITLE **Vice President** ☒ Change ☐ Addition  
NAME **Oyler, Dan**  
STREET ADDRESS **9507 Burlington Place**  
CITY-ST-ZIP **Boca Raton, FL 33434**

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

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

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

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: *Micki Mackenzie* **REQUIRED: Mackenzie** *1/27/03 954-797-1121*

CR2E037 (10/02)