

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000571

1. Entity Name

THE OPTIMIST CLUB FOUNDATION OF DUNEDIN, FL, INC

Principal Place of Business

596 BAYWOOD DRIVE NORTH  
DUNEDIN FL 34698

Mailing Address

P.O. BOX 1731  
DUNEDIN FL 34697-1731  
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

59-3283978

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

WALSTON, JAY  
2032 PRINCETON AVE  
DUNEDIN FL 34698

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 ~~SECRETARY~~ ☐ Delete  
NAME WALTON, JAY  
STREET ADDRESS 2032 PRINCETON AVE  
CITY-ST-ZIP DUNEDIN FL 34698

TITLE ~~SECRETARY~~ ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~TREASURER~~ ☐ Delete  
NAME NYSTROM, PAUL H  
STREET ADDRESS 1665 CINNAMON LANE  
CITY-ST-ZIP DUNEDIN FL 34698

TITLE ~~TREASURER~~ ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~D~~ ☒ Delete  
NAME ~~O'CONNELL, ROBERT E~~  
STREET ADDRESS ~~2450 BAYWOOD DR W~~  
CITY-ST-ZIP ~~DUNEDIN FL 34698~~

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

TITLE ~~D~~ ☐ Delete  
NAME LONGEST, ELMER  
STREET ADDRESS 1451 MAIN ST.  
CITY-ST-ZIP DUNEDIN FL

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

TITLE ~~D~~ ☐ Delete  
NAME TOSCANI, CAROL C.  
STREET ADDRESS 2182 CHANTILLY LANE  
CITY-ST-ZIP DUNEDIN FL

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

TITLE ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-2000 727-733-8372



DO NOT WRITE IN THIS SPACE

0017 (3/00)