

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90007 039 *****61.25

0089268

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 ☒ Delete
NAME **WALTON, JAY**
STREET ADDRESS **2032 PRINCETON AVE**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☐ Change ☒ Addition
NAME **VICE-PRESIDENT + DIRECTOR**
STREET ADDRESS **WARNEKA, JOHN L.**
CITY-ST-ZIP **1531 SANTA CLARA DRIVE
DUNEDIN, FL 34698**

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

TITLE ☐ Change ☐ Addition
NAME **TREASURER + DIRECTOR**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **LONGEST, ELMER**
STREET ADDRESS **1451 MAIN ST.**
CITY-ST-ZIP **DUNEDIN FL**

TITLE ☐ Change ☒ Addition
NAME **VICE PRESIDENT + DIRECTOR**
STREET ADDRESS **BROZOVICH, RAYMOND**
CITY-ST-ZIP **810 BEE POND ROAD
PALM HARBOR, FL 34683**

TITLE ☐ 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 **FEEHERRY, THOMAS F**
STREET ADDRESS **130 PATRICIA AVE., #54**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☐ Change ☐ Addition
NAME **SECRETARY + DIRECTOR**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PD WAYNE, DAILEY G**
STREET ADDRESS **1447 DINNERBELL LANE**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☐ Change ☐ Addition
NAME **PRESIDENT + DIRECTOR**
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 #

1/12/02 (727) 734-0502

CR2E037 (9/01)