

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90047 029 ****61.25

DOCUMENT # N95000004393

1. Entity Name

THE OPTIMIST CLUB OF YULEE, INC.

Principal Place of Business

3134 E. STATE ROAD 200
YULEE FL 32097

Mailing Address

P.O. BOX 1077
YULEE FL 32041-1077

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 36-4035975

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

BRAUDA, TONY
227 BLACKROCK ROAD
YULEE FL 32097

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 Tony Brauda

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/00

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	PD	<input type="checkbox"/> Delete
NAME	CREAMER, MURIEL	
STREET ADDRESS	934 U.S. 17 SOUTH	
CITY-ST-ZIP	YULEE FL 32097	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CLARK, BETH	
STREET ADDRESS	76 WOODSTOCK PLACE	
CITY-ST-ZIP	FERNANDINA BCH. FL 32034	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRANNON, NANNETTE	
STREET ADDRESS	P.O. BOX 999	
CITY-ST-ZIP	YULEE FL 32041	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	REEVES, SHIRLENE	
STREET ADDRESS	1276 BLACKMON ROAD	
CITY-ST-ZIP	YULEE FL 32097	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOBLE, RON	
STREET ADDRESS	1305 ATLANTIC AVENUE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAUDA, TONY	
STREET ADDRESS	227 BLACKROCK ROAD	
CITY-ST-ZIP	YULEE FL 32097	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beth Clark	
STREET ADDRESS	76 Woodstock PL	
CITY-ST-ZIP	Fernandina Bch FL 32034	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ron Noble	
STREET ADDRESS	1305 Atlantic Ave	
CITY-ST-ZIP	Fernandina Bch FL 32034	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tony Brauda	
STREET ADDRESS	227 Blackrock Rd	
CITY-ST-ZIP	Yulee FL 32097	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nannette Brannon	
STREET ADDRESS	P.O. Box 999	
CITY-ST-ZIP	Yulee FL 32041	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judy Turner	
STREET ADDRESS	3124 State Road 200	
CITY-ST-ZIP	Fernandina Bch FL 32034	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shirlene Reeves	
STREET ADDRESS	1276 Blackmon Rd	
CITY-ST-ZIP	Yulee FL 32097	

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:

Tony Brauda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00
Date

904-277-5288
Daytime Phone #

CR2E037 (9/99)