

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2000 8:00 am
Secretary of State

04-11-2000 90057 033 ****70.00

DOCUMENT # N96000002107

1. Entity Name

CAROL CITY OPTIMIST CLUB INC.

R

Principal Place of Business

P O BOX 1685
 CAROL CITY FL 33055

Mailing Address

P O BOX 1685
 CAROL CITY FL 33055

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

NOT APPLICABLE

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

WEAVER, WAYNE JR
 19700 NW 40TH CT
 OPA LOCKA FL 33055

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
After September 13, 2000 min. will be \$236.25

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DS
 PROFF, ALICIA
 18711 NE 3RD CT #216
 NORTH MIAMI BEACH FL 33179 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DS
 Bridgette Hryger
 12301 NW 18th Pl
 Miami FL 33167 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DV
 DEJARNETT, LAMONT
 12125 NE 2ND AVE
 NORTH MIAMI FL 33161 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DV
 Ricky Bullock
 19100 NW 39th Ave
 Opa-locka FL 33055 ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DT
 DOUGLAS, DWAIN
 3200 NW 151ST TERRACE
 OPA LOCKA FL 33054 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DT
 DOUGLAS, DWAIN
 3200 NW 151ST TERRACE
 OPA LOCKA FL 33054 ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DP
 WEAVER, WAYNE
 19700 NW 40TH CT
 CAROL CITY FL 33056 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DP
 WEAVER, WAYNE
 19700 NW 40TH CT
 CAROL CITY FL 33056 ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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 REQUIRED Wayne Weaver 7-15-00 305621-3290
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)