

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90118 028 \*\*\*\*61.25

0018324

**DOCUMENT # N96000002179**

1. Entity Name

**THE DESTIN OPTIMIST CLUB, INC.**

Principal Place of Business

POST OFFICE BOX 876  
 DESTIN FL 32540

Mailing Address

POST OFFICE BOX 876  
 DESTIN FL 32540

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

**36-3989575**

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

**ABRELL, RAY**  
**781 SPRING LAKE DRIVE**  
**DESTIN FL 32541**

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 **D**  
 STREET ADDRESS **KRACHT, THOMAS**  
 CITY-ST-ZIP **829 HWY 98 E**  
**DESTIN FL 32541**

TITLE ☐ Change ☒ Addition  
 NAME **V**  
 STREET ADDRESS **HOOVER, MIKE**  
 CITY-ST-ZIP **119 BAY TREE DR.**  
**DESTIN, FL 32541**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **HYMAN, JOAN**  
 CITY-ST-ZIP **1170 BAY COURT**  
**DESTIN FL 32541**

TITLE ☐ Change ☒ Addition  
 NAME **V**  
 STREET ADDRESS **FELL, KATHY**  
 CITY-ST-ZIP **315 SAILFISH CIRCLE**  
**DESTIN, FL 32541**

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **NIEMIEC, GREGORY J**  
 CITY-ST-ZIP **609 CALHOUN AVE**  
**DESTIN FL 32541**

TITLE ☒ Change ☐ Addition  
 NAME **P**  
 STREET ADDRESS **NIEMIEC, GREGORY J**  
 CITY-ST-ZIP **609 Calhoun Ave**  
**DESTIN FL 32541**

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **BROWN, LESLIE**  
 CITY-ST-ZIP **109 NORWOOD DR #2**  
**DESTIN FL 32541**

TITLE ☐ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **ABRELL, RAY**  
 CITY-ST-ZIP **781 SPRING LAKE DR.**  
**DESTIN, FL 32541**

TITLE ☐ Delete  
 NAME **P**  
 STREET ADDRESS **HOPKINS, BILL**  
 CITY-ST-ZIP **757 HIGHWAY 98-E 14-163**  
**DESTIN FL 32541**

TITLE ☒ Change ☐ Addition  
 NAME **D**  
 STREET ADDRESS **HOPKINS, BILL**  
 CITY-ST-ZIP **10859 EMERALD COAST PKWY 4-310**  
**DESTIN, FL 32550**

TITLE ☒ Delete  
 NAME **V**  
 STREET ADDRESS **NEAL, MARY**  
 CITY-ST-ZIP **2499 BAY GROVE RD**  
**FREEPORT FL 32439**

TITLE ☐ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **PFOERTNER, AL**  
 CITY-ST-ZIP **4082 INDIAN TRAIL**  
**DESTIN, FL 32541**

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:** *Gregory J. Niemiec*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-654-1635

01/20/01

Date

Daytime Phone #

CR2E037 (10/00)