

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State
 05-03-2000 90108 033 ****61.25

DOCUMENT # **N 96 0000 4777**

1. Entity Name

Charlotte County OPTIMIST Club, Inc

Principal Place of Business

Mailing Address

826 Robinhood Dr

Punta Gorda FL 33982-2022

2. Principal Place of Business

3. Mailing Address

826 Robinhood DR

826 Robinhood DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Punta Gorda FL

Punta Gorda FL

Zip

Country

Zip

Country

33982-2022

33982-2022

4. FEI Number

65-0701406

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

JOSEPH H CORNWELL

Street Address (P.O. Box Number is Not Acceptable)

826 Robinhood DR

City

Punta Gorda FL

FL

Zip Code

33982-2022

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

Joseph H Cornwell Secy/Treas

4/24/00

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D, P
STREET ADDRESS	Bruce Wilder
CITY-ST-ZIP	25167 Rosemond CT PORT CHARLOTTE FL 33983
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	Nancy Choate-Wilder
CITY-ST-ZIP	25167 Rosemond CT PORT CHARLOTTE FL 33983
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D, S, T
STREET ADDRESS	JOSEPH H CORNWELL
CITY-ST-ZIP	826 ROBINHOOD DR PUNTA GORDA FL 33982
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D, V
STREET ADDRESS	J VERNON BURKE
CITY-ST-ZIP	495 Northview ST PORT CHARLOTTE FL 33954
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	JUNE GRIFFITHS
CITY-ST-ZIP	23498 GARRETT AVE
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	FRAN DANILSON
CITY-ST-ZIP	3551 MONTGOMERY DR PORT CHARLOTTE FL 33981

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:

Joseph H Cornwell Secy/Treas 4/24/00 941 639 5308

CR2E037 (9/99)