

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 19, 2000 8:00 am**
Secretary of State

01-19-2000 90013 021 ****61.25

DOCUMENT # N97000002488

1. Entity Name

OPTIMIST CLUB OF PALMETTO, FL, INC.

Principal Place of Business

Mailing Address

**1612 FAIRWAY OAKS DR
PALMETTO FL 34221****1612 FAIRWAY OAKS DR
PALMETTO FL 34221-5923**

00003730



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4133417

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **Boltz Clyde M**Street Address (P.O. Box Number is Not Acceptable)
1612 Fairway Oaks DrCity **Palmetto****FL**Zip Code **34221****BOLTZ, CLADE M
1612 FAIRWAY OAKS DR
PALMETTO FL 34221**

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

Clyde M. Boltz**Clyde M. Boltz****1/8/2000**

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	D	<input type="checkbox"/> Delete
NAME	WHITE, GERALD A	
STREET ADDRESS	700-8TH AVE W	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAUGER, ROBERT L	
STREET ADDRESS	2414 FAIRWAY OAKS DR	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOLTZ, JUNE	
STREET ADDRESS	1612 FAIRWAY OAKS DR	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIGHT, KENNY	
STREET ADDRESS	1115 10TH ST W	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RIDINGS, JAY	
STREET ADDRESS	1115 10 ST W	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARSHMOR, E G	
STREET ADDRESS	1614 FAIRWAY OAKS DR	
CITY-ST-ZIP	PALMETTO FL 34221	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harshman, Moonyeene	
STREET ADDRESS	1614 Fairway Oaks Dr	
CITY-ST-ZIP	Palmetto, FL 34221	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harshman, E. G	
STREET ADDRESS	1614 Fairway Oaks Dr	
CITY-ST-ZIP	Palmetto, FL 34221	

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**1-10-2000**

Date

941 723-7557

Daytime Phone #

CR2E037 (9/99)