

DOCUMENT # N97000002488

1. Entity Name

OPTIMIST CLUB OF PALMETTO, FL, INC. ✓

1/10/01-

FILED
Feb 03, 2001 8:00 am
Secretary of State

01-10-2001 90075 011 ***61.25

Principal Place of Business

Mailing Address

1612 FAIRWAY OAKS DR
PALMETTO FL 342211612 FAIRWAY OAKS DR
PALMETTO FL 34221

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

36-4133417

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

BOLTZ, CLYDE M
1612 FAIRWAY OAKS DR
PALMETTO FL 34221

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 not applicable.

(NOTE: Registered Agent signature required when reinstating)

January 4, 2001

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITE, GERALD A	
STREET ADDRESS	700 9TH AVE W	
CITY-ST-ZIP	PALMETTO FL 34221	

TITLE	D	<input checked="" 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 type="checkbox"/> Delete
NAME	HARSHMAN, MOONYEENE	
STREET ADDRESS	1614 FAIRWAY OAKS DR	
CITY-ST-ZIP	PALMETTO FL 34221	

TITLE	D	<input type="checkbox"/> Delete
NAME	HARSHMAN, E. G.	
STREET ADDRESS	1614 FAIRWAY OAKS DR	
CITY-ST-ZIP	PALMETTO FL 34221	

TITLE	Scott D. Tyler	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3603 - 6th Ave West	
STREET ADDRESS	Palmetto, FL 34221	
CITY-ST-ZIP		

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	E. Lynn Rogers	
STREET ADDRESS	340 Orchid Drive	
CITY-ST-ZIP		

TITLE	Ellenton, FL 34222	<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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Secretary 1/24/00

CR2E037 (10/00)