

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004336

1. Entity Name

OPTIMIST CLUB OF PORT ST. JOE, FLORIDA, INC.

Principal Place of Business

Mailing Address

230 REID AVE.
PORT ST. JOE FL 32456

109 YAUPON ST.
PORT ST. JOE FL 32456-2359

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEAPS, CLETUS
401 PONDEROSA DRIVE
PORT ST. JOE FL 32456

Name TROY FAIRCHILD

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

288 DUVAL ST.

City PORT ST. JOE

FL

Zip Code 32456

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 TROY FAIRCHILD

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 P ☒ Delete
NAME HEAPS, CLETUS
STREET ADDRESS 401 PONDEROSA DRIVE
CITY-ST-ZIP PORT ST LUCIE FL 32456

TITLE ST ☐ Delete
NAME MCFARLAND, PERRY J
STREET ADDRESS 109 YAUPON ST
CITY-ST-ZIP PORT ST LUCIE FL 32456

TITLE V ☒ Delete
NAME FAIRCHILD, TROY
STREET ADDRESS 288 DUVAL ST
CITY-ST-ZIP PORT ST LUCIE FL 32456

TITLE D ☐ Delete
NAME LAINE, BILL
STREET ADDRESS 205 8TH STREET
CITY-ST-ZIP PORT ST LUCIE FL 32456

TITLE V ☒ Delete
NAME ACREE, IRENE
STREET ADDRESS 477 PONDEROSA DRIVE
CITY-ST-ZIP PORT ST LUCIE FL 32456

TITLE D ☐ Delete
NAME UTZINGER, CAROL
STREET ADDRESS 118 MONICA DRIVE
CITY-ST-ZIP PORT ST LUCIE FL 32456 Port St. JOE, FL

TITLE P ☒ Change ☐ Addition
NAME IRENE ACREE
STREET ADDRESS 477 PONDEROSA DRIVE
CITY-ST-ZIP PORT ST. JOE, FL 32456

TITLE V ☒ Change ☐ Addition
NAME JENNY ACREE
STREET ADDRESS 115 SEA STREET
CITY-ST-ZIP PORT ST. JOE, FL 32456

TITLE D ☒ Change ☐ Addition
NAME TROY FAIRCHILD
STREET ADDRESS 288 DUVAL ST.
CITY-ST-ZIP PORT ST. JOE 32456

TITLE D ☒ Change ☐ Addition
NAME CLETUS HEAPS
STREET ADDRESS 401 PONDEROSA DRIVE
CITY-ST-ZIP PORT ST JOE, FL. 32456

TITLE V ☒ Change ☐ Addition
NAME JULIE HART
STREET ADDRESS 16 404 E. LULLWATER DRIVE
CITY-ST-ZIP PANAMA CITY BEACH FL. 32413

TITLE ☐ Change ☐ 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:

Reynaldo Mestorero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-00

Date

850-229-6153

Daytime Phone #

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90348 001 ****61.25

05-11-2000 90348 002 ****8.75



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

CR2E037 (9/99)