

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006002

1. Entity Name

SOUTH BEACH OPTIMIST CLUB OF MIAMI BEACH, INC.

Principal Place of Business

3828 NW 2ND AVE  
MIAMI FL 33127

Mailing Address

3828 NW 2ND AVE  
MIAMI FL 33127-2920

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

APPLIED FOR

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

PIKE, MICHAEL  
3828 NW 2ND AVE  
MIAMI FL 33127

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 PIKE, MICHAEL  
CITY-ST-ZIP 3828 NW 2ND AVE  
MIAMI FL 33127

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS GINA PIKE  
CITY-ST-ZIP 3828 NW 2 AVE  
MIAMI FL 33127

TITLE ☐ Delete  
NAME D  
STREET ADDRESS PIKE, VIRGINIA  
CITY-ST-ZIP 3828 NW 2ND AVE  
MIAMI FL 33127

TITLE ☐ Change ☒ Addition  
NAME Pres  
STREET ADDRESS William E Butler  
CITY-ST-ZIP 3828 NW 2 AVE  
MIAMI FL 33127

TITLE ☐ Delete  
NAME D  
STREET ADDRESS FOLKERS, LINDA  
CITY-ST-ZIP 3828 NW 2ND AVE  
MIAMI FL 33127

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 the empowered.

SIGNATURE:

*Signature Required*  
DIRECTOR

1/12/00

305  
576 0096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)