2002 UNIFORM BUSINESS REPORT (UBR)

Apr 15, 2002 8:00 am Secretary of State DOCUMENT # N9700006017 1. Entity Name 04-15-2002 90053 006 ****61.25 THE FIREFIGHTERS' OPTIMIST CLUB OF LAUDERDALE BY THE SEA, FLORIDA, INC. Principal Place of Business Mailing Address NCO N OCEAN BLVD 4900 N OCEAN BLVD LAUDERDALE BY THE SEA FL 33308 LAUDÉRDALE BY THE SEA FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0805640 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) PARKER, OLIVER 4900 N OCEAN BLVD Zip Code LAUDERDALE BY THE SEA FL 33308 City 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **Make Check Payable to** \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD TITLE ☐ Delete TITLE Change ☐ Addition SILVERSTONE, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 205 WASHINGTONIA CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE BY THE SEA FL 33308 ☐ Delete TITLE ☐ Change ☐ Addition TITLE PARKER, LORENE NAMÉ NAME 4900 N OCEAN BLVD #421 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-LAUDERDALE-BY-THE-SEA-FL-33308-CITY-ST-ZIP-☐ Change ☐ Addition ☐ Delete TITLE TITLE PARKER, OLIVER NAME NAME 4900 N OCEAN BLVD #421 STREET ADDRESS STREET ADDRESS LAUDERDALE BY THE SEA FL 33308 CITY-ST-ZIP CITY_ST_7IP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME

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 chapted or on an attachment with an address, with all the file empowered. changed, or on an attachment with an address, with all oth ike empowered

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

NAME STREET ADDRESS

CITY-ST-ZIP

OLIVER PARKED 4-3-2002

NING OFFICER OR DIRECTOR

Date

Date

Date