2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003
Secretary of State

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Entity Name: THE OPTIMISTS FOUNDATION OF BOCA RATON, FLORIDA, INC.

Current Principal Place of Business:

PO BOX 1251
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

PO BOX 1251
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 65-0795497 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HORINE, LORI
12332 MELROSE WAY
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BISHOP, BART S
Address: 284 FLORENADA TERR
City-St-Zip: BOCA RATON, FL 33486

Title: DVP ( ) Delete
Name: GARRISH, JOHN
Address: 23172 BENTLEY PLACE
City-St-Zip: BOCA RATON, FL 33433

Title: D ( ) Delete
Name: MUMMAW, DEBRA
Address: 282 SW 11 PLACE
City-St-Zip: BOCA RATON, FL 33432

Title: DT ( ) Delete
Name: JOUSMA, GEORGE
Address: 3660 N.W. 21ST ST.
City-St-Zip: MIAMI, FL 33142

Title: DS ( ) Delete
Name: HORINE, LORI
Address: 12332 MELROSE WAY
City-St-Zip: BOCA RATON, FL 33428

Title: D ( ) Delete
Name: HANLEY, LISA
Address: 9407 PEABODY CT.
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MUMMAW, STEVE
Address: 282 SW 11 PLACE
City-St-Zip: BOCA RATON, FL 33432

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BART S. BISHOP DP 03/12/2003

Electronic Signature of Signing Officer or Director — Date