

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001051

1. Entity Name

OPTIMIST CLUB OF PENSACOLA BEACH, INC.

Principal Place of Business

Mailing Address

114 FAIRPOINT DR GULF
GULF BREEZE FL 32561

PO BOX 1014
GULF BREEZE FL 32562-1014

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 ~~36-4088818~~
59-3564652

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

ZAHM, RONALD J
114 FAIRPOINT DR.
GULF BREEZE FL 32561

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 PD ☒ Delete
NAME GREENLEY, LOUISE
STREET ADDRESS 2132 CLUB HOUSE DR
CITY-ST-ZIP ULLIAN AL 36549

TITLE PD ☐ Change ☒ Addition
NAME BETTIE LEE WATSON
STREET ADDRESS 1308 E. BELMONT ST.
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE VD ☐ Delete
NAME STEBBINS, MICHAEL
STREET ADDRESS 10244 SUGAR CREEK PL
CITY-ST-ZIP PENSACOLA FL 32514

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

TITLE VD ☐ Delete
NAME LANZA, LORENE
STREET ADDRESS 10 SABINE DR
CITY-ST-ZIP PENSACOLA BCH FL 32561

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

TITLE TD ☐ Delete
NAME MOORE, CHRISTINE
STREET ADDRESS PO BOX 1014
CITY-ST-ZIP GULF BREEZE FL 32562-1014

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

TITLE SD ☒ Delete
NAME ANDLE, HELEN
STREET ADDRESS 1153 LIONS GATE LN
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE SD ☐ Change ☒ Addition
NAME BETTY V. NEALE
STREET ADDRESS 2288 BALBOA CT.
CITY-ST-ZIP NAVARRE, FL 32566

TITLE D ☐ Delete
NAME BAYER, CHRISPTOPHER
STREET ADDRESS 1001 VIA DE LUNA DR
CITY-ST-ZIP PENSACOLA BEACH FL 32561

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: *CHRISTINE MOORE* **CHRISTINE MOORE**

1-4-02

850-934-8780



DO NOT WRITE IN THIS SPACE

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