

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90159 004 ****61.25

DOCUMENT # N98000001662

1. Entity Name

HOLIDAY PARK OPTIMIST CLUB, INC.

Principal Place of Business

Mailing Address

P.O. BOX 4704
 FORT LAUDERDALE FL 33338

P.O. BOX 4704
 FORT LAUDERDALE FL 33338-4704

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

91-1938996

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FAUST, RUSSELL
4814 S.W. 28TH TERRACE
FORT LAUDERDALE FL 33312

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 **MOORE, MICHAEL L**
 STREET ADDRESS **4525 N.E. 21 AVE. #2**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

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

TITLE **VD** ☒ Delete **Same**
 NAME **MOULTRY, LOUIS L**
 STREET ADDRESS **3381 N.W. 8TH COURT**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

TITLE ☒ Change ☐ Addition **Same**
 NAME ☒ Change ☐ Addition
 STREET ADDRESS ☒ Change ☐ Addition
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE **STD** ☒ Delete
 NAME **DELYONS, DIANNE**
 STREET ADDRESS **1447 N.W. 55 AVE.**
 CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE ☐ Change ☒ Addition
 NAME **Patricia Pierson**
 STREET ADDRESS **1124 N.W. 2nd Avenue**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33311**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-00 (954) 2290774

CR2E037 (9/99)