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2001 UNIFORM BUSINESS REPORT (UBR)

May 01, 2001 8:00 am DOCUMENT # N98000005399 Secretary of State 1. Entity Name 05-01-2001 90005 050 ****61.25 LAKEVIEW OPTIMIST CLUB OF ST. PETERSBURG, FL. IN Principal Place of Business Mailing Address C/O HARRY PARROTT JR C/O HARRY PARROTT JR 334 33RD AVE NE 334-33RD AVE NE SAINT PETERSBURG FL 33704 SAINT PETERSBURG FL 33704 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number NOT APPLICABLE 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 Name Street Address (P.O. Box Number is Not Acceptable) TUCKER, JOHN V ESQ 2101 FIFTH AVE. N. ST. PETERSBURG FL 33171 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 (NOTE: Registered Agent signature required when reinstating) Stanature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5,00** May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** DV ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS (10/00 ALSEN, ROBER DP TITLE TITLE Qelete NAME NAME PARROTT, CATHIE STREET ADDRESS STREET ADDRESS St Petersburg FL 3370/ CR2E037 334 - 33RD AVENUE N.E. CITY-ST-ZIF CITY-ST-ZIP ST. PETERSBURG FL 33704 * Addition ☐ Change DV Delete TITLE TITLE NAME 2426-23rd Ave South NAME WEST, JAMES STREET ADDRESS STREET ADDRESS 1923 - 9TH STREET SOUTH CITY-ST=7IP CITY-ST-ZIP ST. PETERSBURG_FL 33705 ☐ Addition TITI F TITLE D٧ Delete ANDERS, BARBARA NAME NAME ANDERS, BARBARA 1847 ALMERIA WAY SOUTH STREET ADDRESS STREET ADDRESS 1847 ALMERIA WAY SOUTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33712 St Petersburg FL 33712 Delete TITLE Change ☐ Addition DT TITLE NAME PARROTT, HARRY JR NAME STREET ADDRESS STREET ADDRESS 334 - 33RD AVENUE N.E. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33704 DS PATTERSON, DOROTHY 847 Hillside Court South 1-Datovsburg 7L 337L Addition TITLE TITLE Delete NAME NAME BAKER, MARY STREET ADDRESS STREET ADDRESS 5110 ARAGON WAY SOUTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33705 ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-7IP 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

SIGNATURE: TVaria

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR/DIRECTOR

changed, or on an attachment with an address with all other like empowered.