2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 28, 2002 8:00 am Secretary of State DOCUMENT # **N98000005399** 1. Entity Name LAKEVIEW OPTIMIST CLUB OF ST. PETERSBURG, FL, IN 05-28-2002 91769 040 ****61.25 Mailing Address Principal Place of Business 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. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 14 Make Check Payable to 9. Election Campaign Financing \$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 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE alsen, Robert NAME NAME 130 4TH AVE N#501 STREET ADDRESS STREET ADORESS SAINT PETERSBURG FL 33701 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE TITLE Delete ROBERTS, LAVERNE CAROLYN WHARRIE 4701 Hyacinth Way S Stretersburg FL 337 Ghange NAME NAME 2426 23RD AVE S STREET ADDRESS STREET ADDRESS SAINT-PETERSBURG FL 33712 ---CITY-ST-ZIP --CITY-ST-ZIP ☐ Delete TITI F TITLE ANDERS, BARBARA NAME NAME 1847 ALMERIA WAY SOUTH STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33712 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change Delete PARROTT, HARRY JR NAME NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

STREET ADDRESS

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TITLE

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SIGNATURE:

STREET ADDRESS

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NAME

TITLE

NAME

334 - 33RD AVENUE N.E.

PATTERSON, DOROTHY

847 HILLSIDE COURT S

ST. PETERSBURG FL 33704

ST. PETERSBURG FL 33705

MANUS ARROTT SIGNAND OFFICER OR DIRECTOR

☐ Delete

Delete

May 1, 2002 (727/82/8266

☐ Change

☐ Change

☐ Addition

☐ Addition