

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90125 006 \*\*\*\*61.25

**DOCUMENT # N98000005399**

1. Entity Name

**LAKEVIEW OPTIMIST CLUB OF ST. PETERSBURG, FL, IN C.**



Principal Place of Business

**C/O HARRY PARROTT JR  
334 33RD AVE NE  
SAINT PETERSBURG FL 33704**

Mailing Address

**C/O HARRY PARROTT JR  
334-33RD AVE NE  
SAINT PETERSBURG FL 33704**

**70012443**



☐ CHECK HERE IF MAKING CHANGES

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 **NOT APPLICABLE**

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

**TUCKER, JOHN V ESQ  
2101 FIFTH AVE. N.  
ST. PETERSBURG FL 33171**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DV	ALSEN, ROBERT	130 4TH AVE N#501	SAINT PETERSBURG FL 33701	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	WHARRIE, CAROLYN	4701 HYACLUTH WAY S	SAINT PETERSBURG FL 33705	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DP	ANDERS, BARBARA	1847 ALMERIA WAY SOUTH	ST. PETERSBURG FL 33712	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DT	PARROTT, HARRY JR	334 - 33RD AVENUE N.E.	ST. PETERSBURG FL 33704	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DS	PATTERSON, DOROTHY	847 HILLSIDE COURT S	ST. PETERSBURG FL 33705	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (10/02)

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: *Harry B. Parrott Jr* HARRY B. PARROTT JR Jan 14, 2003 (727) 821 8266**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR