

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 20, 2001 08:00 AM****Secretary of State****DOCUMENT # N98000006737**1. Entity Name  
NOON OPTIMIST CLUB OF OLDSMAR, INC.Principal Place of Business  
P.O. BOX 325  
OLDSMAR FL  
Mailing Address  
P.O. BOX 325  
OLDSMAR FL2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-3118041**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent**KLINGER DONALD D  
200 MICHAELS CIR.  
OLDSMAR FL  
34677 US**7. Name and Address of New Registered Agent**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 \_\_\_\_\_ 02/20/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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**

TITLE	TD	<input type="checkbox"/> Delete
NAME	MAINARD PATRICIA J	
STREET ADDRESS	1706 LAGO VISTA BLVD.	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DUDLEY JANET J	
STREET ADDRESS	3136 O	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KLINGER DONALD D	
STREET ADDRESS	200 MICHAELS CIRCLE	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HARMS HOLLY	
STREET ADDRESS	1704-B AZADEA CT	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAINARD CHARLES E	
STREET ADDRESS	1706 LAGO VISTA BLVD	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLINGER DONALD D	
STREET ADDRESS	200 MICHAELS CIRCLE	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:** Patricia J Mainard TD 02/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)