

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000006737

FILED  
May 01, 2002 8:00 AM  
Secretary of State

Entity Name: NOON OPTIMIST CLUB OF OLDSMAR, INC.

**Current Principal Place of Business:**

P.O. BOX 325  
OLDSMAR, FL

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 325  
OLDSMAR, FL

**New Mailing Address:**

FEI Number: 59-3118041

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KLINGER, DONALD D  
200 MICHAELS CIR.  
OLDSMAR, FL 34677 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KLINGER, DONALD D  
Address: 200 MICHAELS CIRCEL  
City-St-Zip: OLDSMAR, FL 34677

Title: VPD ( ) Delete  
Name: MAINARD, CHARLES E  
Address: 1706 LAGO VISTA BLVD  
City-St-Zip: PALM HARBOR, FL 34685

Title: SD ( ) Delete  
Name: DUDLEY, JANET J  
Address: 3136 O'HARA DR.  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TD ( ) Delete  
Name: MAINARD, PATRICIA J  
Address: 1706 LAGO VISTA BLVD.  
City-St-Zip: PALM HARBOR, FL 34685

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA J MAINARD

TD

05/01/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date