

2000 UNIFORM BUSINESS REPORT (UBR)

9/21/00-90003-014-\$61.25-\$61.25

DOCUMENT # N99000002996

1. Entity Name

THE FT. LAUDERDALE OPTIMIST CLUB INC.

FILED

00 OCT -3 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

100 SE SECOND STREET STE 2600
MIAMI FL 33131

100 SE SECOND STREET STE 2600
MIAMI FL 33131

2. Principal Place of Business

5743 NE 17th TERR
Suite, Apt. #, etc.

3. Mailing Address

5743 NE 17th TERR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERMAN, JEFFREY M
100 SE SECOND STREET STE 2600
MIAMI FL 33131

Name

CLIFFORD LENGEL

Street Address (P.O. Box Number is Not Acceptable)

5743 NE 17th TERRACE

City

Fort Lauderdale FL

Zip Code

33354

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

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

After September 13, 2000 min. will be \$236.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	HERMAN, LAWRENCE B	
STREET ADDRESS	2280 SW 70 AVE	
CITY-ST-ZIP	DAVE FL 33317	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LENGEL, CLIFF	
STREET ADDRESS	5743 NE 17 TERRACE	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PAIGE, GENE	
STREET ADDRESS	10185 CAMELBACK LANE	
CITY-ST-ZIP	BOCA RATON 333498	
TITLE	Secretary Treasurer	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Secretary Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOU CIMAGLIA	
STREET ADDRESS	5743 NE 17 th TERRACE	
CITY-ST-ZIP	Fort Lauderdale FL 33354	
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)(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:

SIGNATURE REQUIRED

9-18-00

954-557-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 202

Corrected Clifford Lengel 9/26/00

CR2E037 (5/00)

Attachment
1299000002996
00087188
2012

The Ft. Lauderdale Optimist Club, Inc

Kathryn Harris
Secretary of State
Florida Department of State
Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

~~Re: 2000 Uniform Business Report~~

Dear Ms. Harris:

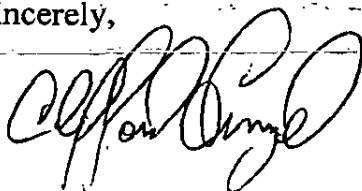
Attached is the 2000 Uniform Business Report for our Club. Because this report was sent erroneously to an attorney who helped us with the original incorporation I did not receive this until last week when I was on vacation.

We are asking that the additional cost be waived, as we are a service club with limited resources. A check for the \$61.25 fee is enclosed.

If you need to discuss this matter, I can be reached at 954-537-2700 ext. 202 during the business day.

Your acceptance of this request will be greatly appreciated.

Sincerely,



Clifford J. Lengel
Secretary Treasurer