

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

0068724

DOCUMENT # N99000003093

1. Entity Name

S. FL. OPTIMIST CLUB PERFORMING ARTS, INC.

04-03-2001 90090 037 *****70.00

Principal Place of Business

**1801 BRANTLEY ROAD #413
 FT MYERS FL 33907**

Mailing Address

**PO BOX 60952
 FT MYERS FL 33906**

DUU2J004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

91-1933703

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PLACE, CARRIE S
 1801 BRANTLEY ROAD #413
 FT MYERS FL 33907**

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

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
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PF** Delete
 NAME **GREENBERG, SANDRA**
 STREET ADDRESS **45 TIMBERLAND CIR S**
 CITY-ST-ZIP **FT MYERS FL 33919**

TITLE **VD** Delete
 NAME **DIMOCK, KAREN**
 STREET ADDRESS **1433 COLLINS ROAD**
 CITY-ST-ZIP **FT MYERS FL 33919**

TITLE **VD** Delete
 NAME **PESCATREICE, PAUL**
 STREET ADDRESS **705 SE 36 STREET**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **SD** Delete
 NAME **FLUHARTY, MARY**
 STREET ADDRESS **23 CARROTWOOD CT**
 CITY-ST-ZIP **FT MYERS FL 33919**

TITLE **TD** Delete
 NAME **PLACE, CARRIE S**
 STREET ADDRESS **1801 BRANTLEY ROAD #413**
 CITY-ST-ZIP **FT MYERS FL 33907**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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TITLE Change 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: *Carrie S. Place* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)