

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004003

1. Entity Name

THE OPTIMIST CLUB OF GREATER MULBERRY, INC.

Principal Place of Business

708 N. CHURCH AVE
MULBERRY FL 33860

Mailing Address

P.O. BOX 303
MULBERRY FL 33860

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

59-3571292

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAUBNER, DOROTHY
708 N. CHURCH AVE
MULBERRY FL 33860

7. Name and Address of New Registered Agent

Name

Dorothy Doyle

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

708 N. Church Ave

Mulberry

City

FL

Zip Code
33860

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

Dorothy Doyle

Dorothy Doyle

4/20/01

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	D	<input type="checkbox"/> Delete
NAME	BEAVER, VICKY	
STREET ADDRESS	1310 N.E. 4TH STREET	
CITY-ST-ZIP	MULBERRY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURTON, ROBIN	
STREET ADDRESS	4609 SAN ANTONIO DR.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOYLE, LEROY	
STREET ADDRESS	P.O. BOX 303	
CITY-ST-ZIP	MULBERRY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAUBNER, DOROTHY	
STREET ADDRESS	708 N. CHURCH AVE	
CITY-ST-ZIP	MULBERRY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOELIN, FR. TED	
STREET ADDRESS	207 N.E. 6TH STREET	
CITY-ST-ZIP	MULBERRY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCLAUGHLIN, LOU E	
STREET ADDRESS	109 N.E. 45TH AVENUE	
CITY-ST-ZIP	MULBERRY FL	

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	D Collins Smith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	601 NW 2nd St	
CITY-ST-ZIP	Mulberry, FL 33860	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Dorothy Doyle	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 303	
CITY-ST-ZIP	Mulberry, FL 33860-0303	
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:

Dorothy Doyle

Dorothy Doyle

4/20/01

863-425-1907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0067092