

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

0058354

**DOCUMENT # N99000005796**

1. Entity Name

**NORTH WEST OPTIMIST CLUB OF TAMPA, INC.**

01-22-2001 90109 041 \*\*\*\*61.25

|  |  |
|--|--|
| Principal Place of Business<br><b>911 WEST GASTON PLACE<br/>TAMPA FL 33604</b> | Mailing Address<br><b>911 WEST GASTON PLACE<br/>TAMPA FL 33604</b> |
|--|--|



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |                                    |  |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number<br><b>59-3608465</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                                | Country  |

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

**6. Name and Address of Current Registered Agent**

**LOPEZ, HAROLD**  
**911 W. GASTON PL.**  
**TAMPA FL 33604**

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>SWIDRAK, BARBARA JEAN<br/>10712 N. SEMINOLE AVE.<br/>TAMPA FL 33612</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>MARTINEZ, BENNY<br/>4306 CARMEN ST.<br/>TAMPA FL 33609</b>              | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>LOPEZ, HAROLD<br/>911 W. GASTON PL.<br/>TAMPA FL 33604</b>              | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>CHAITOW, WILLIAM<br/>9309 W. FLORA ST.<br/>TAMPA FL 33615</b>           | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

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

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 *HAROLD LOPEZ*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *01/11/01* Daytime Phone # *813 933 5215*

CR2E037 (10/00)